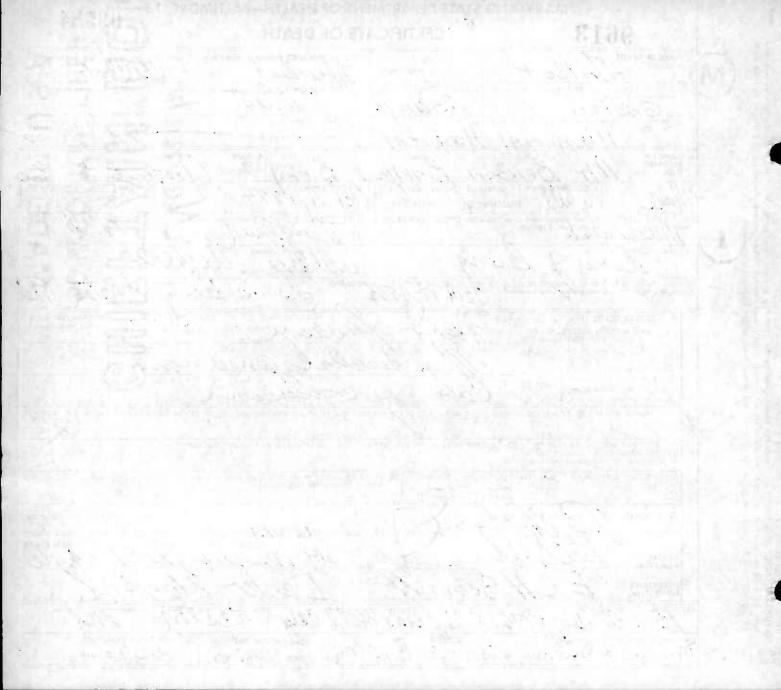
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

d. STREET ADDRESS

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

ARO INE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

7	961
VI)	1. PLACE OF DEATH

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RURAL and give neorest tawn)

OR INSTITUTION

b. CITY OR TOWN (If autside carporote limits, write

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

			-
T. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director,	ould be detached for use as the burial-transit permit. Then please remaye carban papers. Tages I and 2 shauld be filled with	(V
ed ay the	l ond 2 shar	(7
campletely fill	apers. rages	urs after death	
physician and c	nave carban p	it with the	1
the attending p	Then please re-	Board of Health priar to burial, crematian, ar remaval, and in ony event, with 72 hours after death.	
en signed by	ansit permit.	, ar remaval,	
DIRECTOR: After this certificate has been sig	s the burial-fr	ial, crematian	C
After this cer	hed for use a	h priar to bur	
L DIRECTOR:	onld be detac	loard of Healt	

ours after death. Page

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

5. SEX	SUAL OCCUPATION	6. COLOR OR RAG	CE 7. MARRIE	GERTA D NEVER MARR		Blockson E OF BIRTH	OF DEATH	9. AGE (In years	TIE LINIDER 1	29	1960
10a. U	SUAL OCCUPATION	NEGRO		D NEVER MARR	ED B. DA	E OF BIRTH		O ACE (In want	IE HINDED 1		
di	SUAL OCCUPATION			DIVORCE	- 1.0	EMBER 26.	1883	lost birthdoy)		oys Ho	DER 24 HRS. Urs Min.
0.8	iring most of warking	(Give kind af wa g life, even if reti	ork done 10b. KI	ND OF BUSINESS		1. BIRTHPLACE (State	or foreign co	ountry)	12.CITIZE	N OF WH	AT COUNTRY?
	USEWORK	g me, even m ten	-	tome		MARYAND			U	S.A.	
13. FAT	THER'S NAME		Seal Trans	+ / 10 10	14.	MOTHER'S MAIDEN	VAME			1000	
U	HAHOWH					Emma (AHHOM	4			
			of service)		MRS.	In. B. Ri	cketts	RFD.	7-1	alsbur	icu Md.
18	PART 1. DEAT	WAS CAUSED B	Y:	for (o), (b) and (c)	Ural	Heroube	ris -	č			ND DEATH
		, which)	(b)	10	I. how	iplezia					
C	ouse (o), stoting th	DITE	(c)								
CATION	PART II. OTHE	R SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DE	EATH BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PE	RFORMED?
	R CONTRIBUTING [CAUSE OF DEA	TH	IBE HOW INJURY (OCCURRED. (Ent	er noture of injury in	Port 1 or Par	t II of item 1B.)	360		
WEDICA 20	c. TIME OF INJURY Hour o. m. p. m.		While	Not while				ar tawn)	(Co	unty)	(State)
21	. I certify that	(I) (this haspi	ital) attende	d the deceased	fram 2	lug 19	60 ta	29 lung	1960	that (l) (we) last
		d alive on	2Gleung	19 40, and	that death	accurred at	M, fram	the causes an	d an the	date sta	ted above.
22	d. SIGNATURE	her &	au ku			PHYS. D	IED.	STAFF PHYS.		1 Sep	SIGNED
22	C. PHYSICIAN'S NAME (Type)	ORSTON	1 HA	RRISON		22d. ADDRESS	face	Many C	and		
BE	EMOVAL (Specify)	SEPT. 2,	1960	BETHE	EMETERY OR CRE	MATORY	1. 1	THE COUNT	ty	MA	Stole)
24. FU	J. FRAMPO	SIGNATURE SOH		ADDRESS FECERA	Shure	7 00		rar 25b. REGI	STRAR'S SIGN	Thoma	
	15. WEDICAL CERTIFICATION 18 18 200 (11 11 11 11 11 11 11 11 11 11 11 11 11	Ves. no. or unknown) IB. CAUSE OF DEATI PART 1. DEATH OF THE COURSE (a), stoting the lying couse lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY M Pour o. m. p. m. 21. I certify that saw the decease 22a. SIGNATURE (17pe) 22a. BURIAL, CREMATION REMOVAL (Specify)	18. CAUSE OF DEATH [Enter anly and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH [Inter anly and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH [Inter anly and PART II. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH [Inter anly and PART II. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH [INTER AND INTERPRETATION OF CONTRIBUTING CAUSE OF DEATH [INTERPRETATION] CAUSE OF DE	16. SC WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate couse (o), storing the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO PART II. OTHER SIGNIFICANT CONDITIONS CO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While at work 21. I certify that (I) (this haspital) attende saw the deceased alive on 24 July 222. SIGNATURE 222. SIGNATURE 223. BURIAL, CREMATION, REMOVAL (Specify) SEPT. 2, 1940	18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gove rise to immediate couse (o), stoting the under. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 19 20b. DESCRIBE HOW INJURY OF CONTRIBUTING ON CONTRIBUTION ON CONTR	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), stoting the under. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED While Not while of work of factory, so wark of work of the work of work of the work o	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (16 SOCIAL SECURITY NO. 17. INFORMANT (17 yes, give wor or doles of service) 18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b) and (c). 18. Wh. B. P. 19. 18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b) and (c). 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c). 18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c). 18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c). 18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c). 18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c). 18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b) and (c). 19. DALL MULLIPLE AND ALL MARKETS (o) 19. DUE TO 19. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Par Ox CONTRIBUTING 20c. CITY (Home, farm, labeled and per	15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NOTE: 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) Gold (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) Gold (c). 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) Gold (c). 19. PART I. DEATH WAS CAUSED BY: 19. WMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE COUNTY OF CONTRIBUTING CAUSE OF DEATH [ETHER, NOTIFY MEDICAL EXAMINER] 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE COUNTY OF COUNTY O	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Mrs.	18. CAUSE OF DEATH Enter analy one cause per line for (a), (b) Gold (c).

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e. IS RESIDENCE ON A FARM? YES NO

Edd Street ALL DESCRIPTIONS OF THE PARTY O MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH		2. USUAL RESIDENCE (W			fore admission)
	Talhot	MARYLAND	MARVIE	bod	Bacen	Hnne
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL ond give r	nearest town)
	Easton	33 days	Cantin	011/1/11/11		
	d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		124	e. IS RESIDENCE ON A FARM?
L	Memorial Hos	pital			1/1	YES DANO
3.	NAME OF First	Middle	Lost	4. DATE OF	Month	Day Year
	(Type or print) Bessie	Klake	Boyac	DEATH / HA	gust a	28 1800
S.	SEX 6. COLOR OR RACE 7. MARE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	yeors IF UNDER 1 YE	AR IF UNDER 24 HRS. s Hours Min.
17	emale Cel WIDOW	ED DIVORCED	40/14/79	910 60	yrs.	s rious min.
100	. USUAL OCCUPATION (Give kind af work dane 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN	OF WHAT COUNTRY?
	during most of working life, even if retired)	vomestic	11/5	109	The state of	C.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
1	Henry E. Blak	e	Heste	r Jone	5	
		SOCIAL SECURITY NO. 17. IF	NFORMANT		Address	
(Ye	s, no, or unknown) (If yes, give wor or dates of service)	14-22-5779	Earl Bo	me, Ce	Theilly	md.
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]		0		NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	achere	2. Car	al.		HOEF AND DEATH
	DUE TO		17 12		tarrian and the	
	Conditions, if any, which) (b)	ingl	ellermin	reles		
Н	gave rise to immediate		0,00,,,,		1000	
	couse (o), storing the under-					
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	ION GIVEN IN PART 1(a	19. WAS AUTOPSY
ATIO						PERFORMED?
FIC	20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Port II of item	18.)	1
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW HOOK! OCCORD	b. (Ellier halore or injery in			
CAL	20c. TIME OF INJURY Month, Day, Yeor 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	m, 20f. (City ar tawn)	(Coun	ty) (State)
MEDICAL	Hour a. m. While	Not while ta	ctory, street, office bldg., e	tc.)		
2	21. 1 certify that (1) this positol) aftend	(7,	10	9to	, 19,	that (I) (we) lost
	saw the deceded alive on		death occurred afeil	1		
R	22g. SIGNATURE	ond more	deall occurred agent	Egw, Non me cau	ses and on me de	22b. DATE
	Children .	hund	M.D. PHYS.	MED. STAFF	N 791	ALOS GIGNED
	22c. PHYSICIAN'S	0 1 1-1	22d. ADORÉSS	1	1 1/1	11/190
11	NAME (Type)	TDIENTO	12351	00 /41	204/61	201
22	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City	town, or county)	(Stote)
23	REMOVAL (Specify)	the contract of the contract of	The state of the s	Pot	,	lan-d
21	ELINEDAL DIDECTOR TO NATINE	ADDRESS	250 00	C'D BY REGISTRAR 2	Sb. REGISTRAR'S SIGNA	
17	FUNERAL DIRECTOR'S SIGNATURE	6 7 n	DATE	-ED 3 160	Circhun S.	

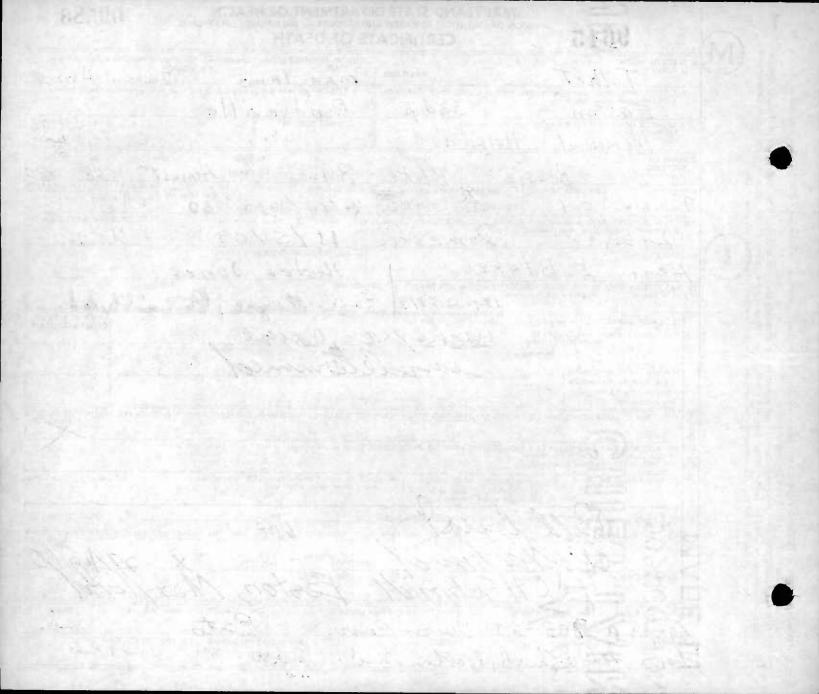
urs after death. Page 4 the attending physician and campletely filled on by the funeral directar. Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in may be a need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

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			Shrigh Market
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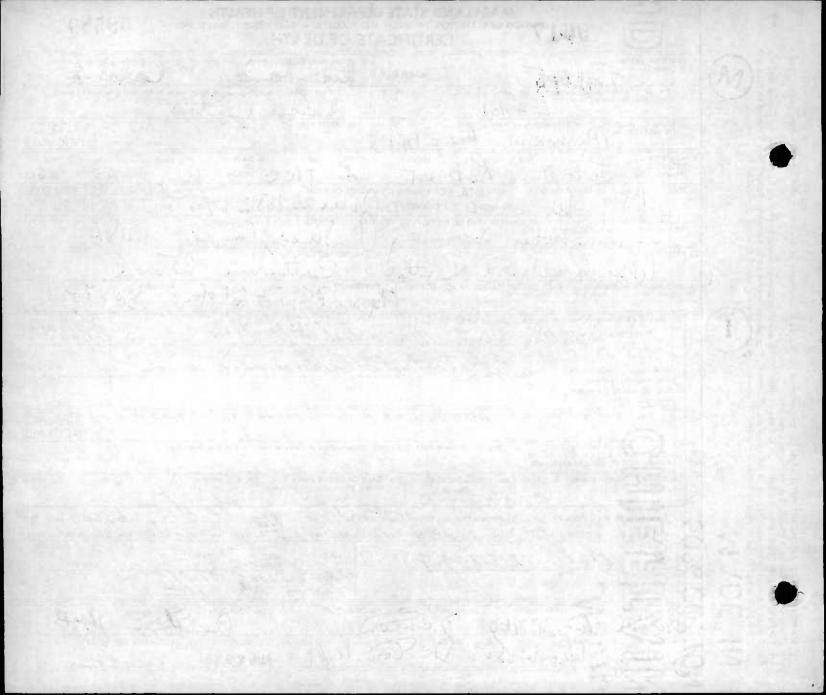
the attending physician and campletely filled to by the funeral directar, Then please remave carban papers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health prior to burial, crematian, or remaval, and it within 72 haurs after death. TO HOSP!

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH OF 1 DIMISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
ŀ	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) EASton	Kental Jenton
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Memorial Hospital	YES NO
	3. NAME OF DECEASED / First / Middle	Last 4. DATE Month Day Year
I	(Type or print) OON NO DERT	Dutler DEATH Ulia 25 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min.
	WIDOWED DIVORCED	June 16, 1885 77 18.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	farm other farming	I mary and W8B
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı		NFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	fro. Cl. Je obstelier Denton
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE ///	Addal Angarelins Ollowes
	TO DUE TO	
١	Conditions, if any, which) (b) HOTERIOSCICAOIA	- CANDIONICULAY SISSER
١	gave rise to immediate cause (a), stating the under DUE TO	
	lying cause last. (c)	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	S	YES NO
	GE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Part 11 of item 18.)
	= t _a	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State ctory, street, office bldg., etc.)
	Hour o. m. p. m. 19 While Not while at work at wark	750
1	21. I certify that (I) (this hospital) attended the deceased from.	1900 that (1) (we) last
	sow the deceased alive an 8-25 1960, and that a	430
7	220 SIGNATURE	22b, DATE
		M.D. PHYS. DIRECTOR PHYS.
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS DOTOP . Track
1	22. DEPOLAL CREMATION CON DATE THEREOF	Total Location (c)
	230. PORIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City town, or county) (State)
1	24. FUNERALIDIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
V	July Morroson Jeston	De Colone & Colone & Kons
t	_/_/1	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be fined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

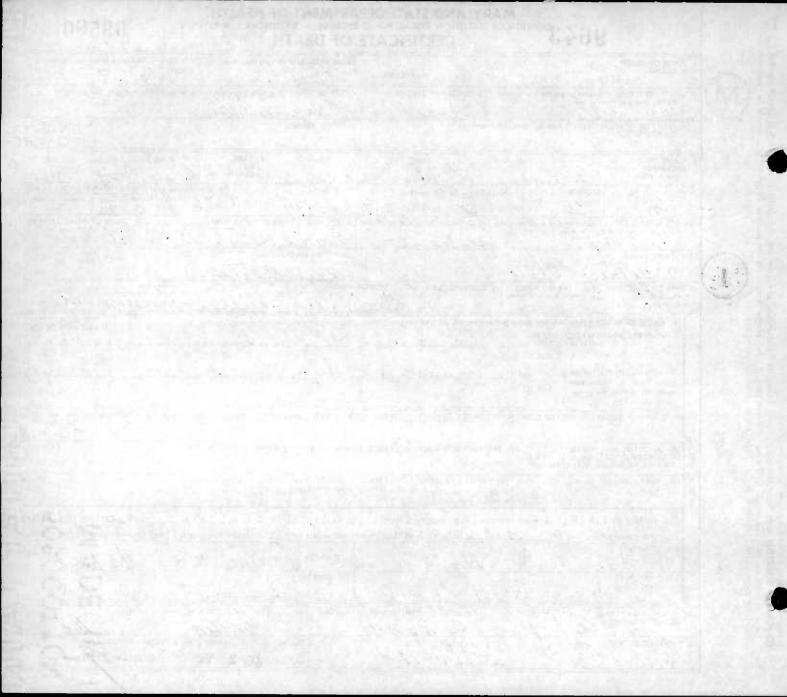
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Lathat	MARYLAND	2. USUAL RESIDENCE (WI o. STATE RANGE		institution: Residence	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits	, write RURAL ond give	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Prences	Audie Audia	Callaken	4. DATE OF DEATH	Rug. 2	Day Year 1960
5. SEX A. 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	Ref. 4 1894	9. AGE (11 1 11	EAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BYRTHPLACE (Stole	or foreign country)	Rd. 71.	N OF WHAT COUNTRY
13. FATHER'S NAME LEREITE		14. MOTHER'S MAIDEN I	Kozlagu	e	
15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? 16. (Yes, ret. of unknown) (Iffyes, give war or dates of service)	SOCIAL SECURITY NO. 17	then height	aclelan	- Ceaston	ked
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	e Homo	rhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> Conditions, if ony, which (b) DUE TO DUE TO (c)	Eportin	Hyper	Commin		Sev. yrs
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of iter	n 18.}	
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While of wor	Not while f	LACE OF INJURY (Home, farm octory, street, office bldg., etc	n, 20f. (City or town)	(Cou	enty) (Stote
21. I certify that (I) (this hospital) attends saw the deceased alive an	1 1 -	death accurred at6	5		, that (I) (we) las
220. SIGNATURE	Hoys	M.D. PHYS. D	AED. STAFF	0 8/3	1/60 226. DATE SIGNE
22c. PHYSICIÁN'S NAME (Type) / rvin	Hoy MD	22d. ADDRESS	veens	town,	Md.
230 BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION ICIT	y, town, or county)	Stote)
24. FUNERAL DIRECTOR'S SUCHATURE	asin Ma	25a. REC	'D BY REGISTRAR 2	sb. REGISTRAR'S SIGN (مسلنمن)	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATLE

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1.	PLACE OF DEATH a. COUNTY D. COUNTY D
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) EASTON 15 4a C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (IS not in haspital, give street oddress) OR INSTITUTION Memory Aboso the management of the street oddress on a farm? YES NO. 18
3.	NAME OF DECEASED (Type or print) OREM First RANCIS CANNON 4. DATE OF DEATH OUG. 19 1960
8	SER 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In reof binder) Hours Min Months Days Hours Min Min
2	o. USDAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 112HRTHPLACE (State or foreign ountry) 112. CTIZZNYOF WHAT COUNTRY MANUAL MANUA
1	Trances I Cannon Frak Fruite,
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT O. 3. Cannox, Address Survice) (If yes, give wor or dotes of service)
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-
NOITA	19ting cause lost. (c)
CEPTIEICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work of twork of twork of twork of two
	21. I certify that (I) (this haspital) attended the deceased fram 1960, ta 1960, that (I) (we) losaw the deceased alive an 8 1 8 1960, and that death accurred at 136 M, from the causes and an the date stated above 220. SIGNATURE
	ATTENDING MED. STAFF PHYS. STAFF PHYS. 226. PHYSICIAN'S 226. ADDRESS 2
2	NAME (Type) - R. TRAPINE (Semistery or CREMATORY 23d. 19CATION (City Bown, or crystaty) (Diago)
Ke	Julian 8/22/60 Washington, Hurlock Ill
2.	FUNERAL DIRECTOR'S SIGNATURE - Cast Rew Market Day 250, REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE

ours after death. Page 4 the attending physician and completely filled. The tuneral director. Then please remove carban papers. Pages 1 and 2 should be filed with LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to TO HOSP 1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be fined by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health priar to burial, cremotion, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

La Tallin Anna Salvado II. State of the Contract of the C 9644

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

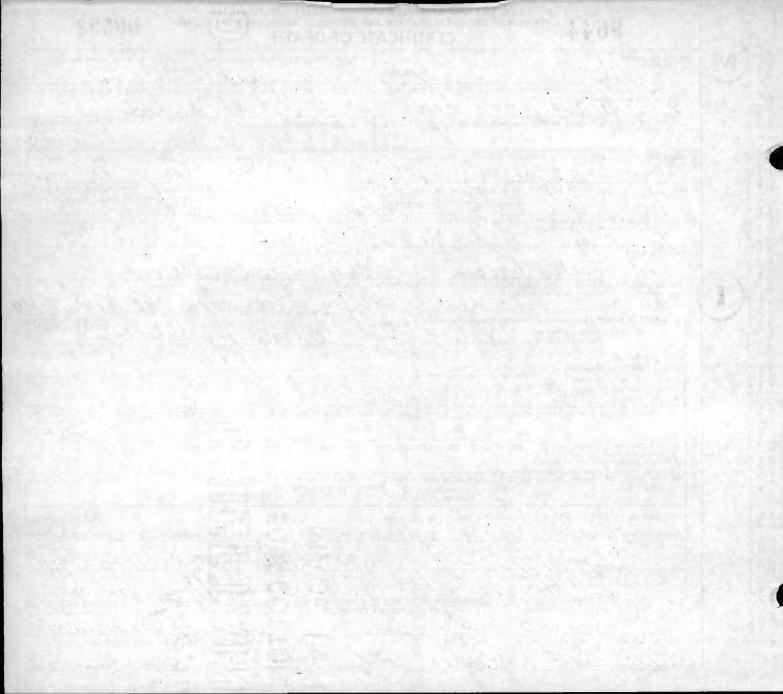
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1	CERTIFICA	TE OF BEATTI
)	1. PLACE OF DEATH o. COUNTY ALLAT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RIRAL and give neggest town) The state of t	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sqrt{NO} \)
	3. NAME OF DECEASED (Type or print) Nache Harry Carlotte (Type or print)	rescalad 4. DATE Month Day Year DEATH Class 1/ 1960
	5. SEX 3 6. COLOR ON TACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years I VINDER 1 YEAR IF UNDER 24 HRS. lost bichdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION, (Give kind of work done during fost of working life, even if retired)	11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME Theres (Narsen	Christian a Pelern
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 1985. Grand Property of the security of the securi	Felton J. Carmicked. It Kishellin
	1B. CAUSE OF DEATH [Enter only one couse per time for (o) /(b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	il felmoray filoso and DEATH
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c) (c) (c) (c) (c) (c) (d) (d)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200		ED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED to the p. m. 19 St. work of work to the p. m. 19 St. work to th	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	saw the deceased allow on that co	death accurred atM, from the causes and on the date stated above. M.D. ATTENDING ATTENDING
	22c. PHYSICIAN'S AME (Type) & CH. Schrnight	22d. ADGNESS Land May land
	230. BURIAL, CREMATION, REMOVAY (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town of county) (State)
	24. FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 15'60 CALLAR & Trans

the ottending physician and completely filled on by the funeral director. Then please remove corbon papers. Pages I and 2 should be filed with ours ofter death. Page 4 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may by ined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSP

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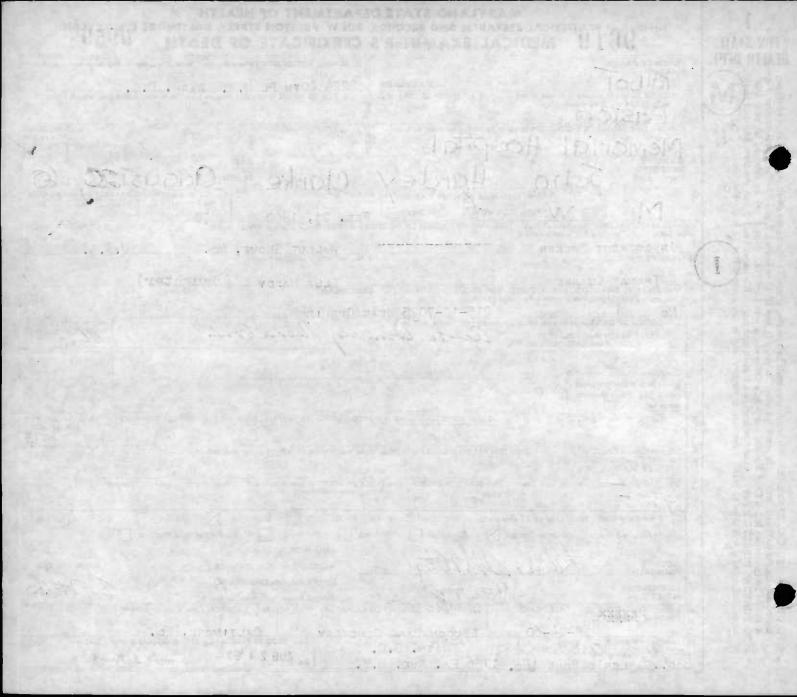


FOR STATE TO DE K MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the remarked director. Page 4 should be forwarded to the Chief Medicel Examiner's Office along with form PM3. Pege 5 mey be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after deeth.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

**STATE		
D. CITY OF ROWN (if outside cosponies limits, with 8URAL and give nearest fown) D. CITY OF ROWN (if outside cosponies limits, with 8URAL and give nearest fown) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. CHY OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) D. C. COOR OR RACE 7, MARBIED November 196. D. COOR O		2. USUAL RESIDENCE (Whara decaased livad, If institution: Residence before admission)
d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address) d. STREET ADDRESS d. STREET		a. STATE b. COUNTY 2224 AOTH D. M. M. CH. D. C
NAME OF First Middle Leal A. DATE Month Day Veer DECERSED Type or print) S. SIX G. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGE (In yeard IF UNDER 17 AR 11 19 19 19 19 19 19 19	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
NAME OF PRICE NAME No.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	
DEATH CLOCK OR RACE 7, MARNIED NEVER MARRIED NEVER MARRIED S. SEX 6, COLOR OR RACE 7, MARNIED NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH 9, AGE (IN years IF UNDER 12 CARS.) 1900	Memorial Hospilal	
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10a. USUAL OCCUPATION (GIVE kind of work unbown) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stafa or foreign country) 12. CITIZEN OF WHAT BOUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECTASED PIVE IN U.S. ARMS FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ARMS CLARKE 14. MOTHER'S MAIDEN NAME 15. WAS DECTASED PIVE IN U.S. ARMS FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] 19. MAS CLUSED BY. 10. MOTHER'S MAIDEN NAME 19. MAS AUTOPSY PERFORMANT 19. MAS AU	JOIN HUICEY	CIUITE CICIQUI 1310
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15. WAS DECRASED EVER IN U.S. ARMED FORCEST Vess, no, or nuclewn [It sequence of colorarios] 16. SOCIAL SECURITY NO. 17. INFORMANT 215—10—7025 18. CAUSE OF DEATH Enter only one cause par line for [e], (b), and (c).] 215—10—7025 19. AND CUSHING 18. CAUSE OF DEATH Enter only one cause par line for [e], (b), and (c).] 225—200. 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or country) 226. LOCATION (City, town, or country) 226. LOCATION (City, town, or country) 226. LIT MORE, MD. 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LIT MORE, MD. 226. LIT M	3. FATHER'S NAME	WALNUT GROVE, MD. U.S.A.
Ves., no, or unknown (Ifyesgivewerordelesofservice) 215-10-7025 JEAN CUSHING		ELLA HARDY (Daughter)
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPSY PERFORMED? YES NO PERMARY OF CONTRIBUTING CAUSE OF DEATH. 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING While all work all work as work. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection inquiry and in my opinion death resulted from: Note of the control		NFORMANT Address
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (b) Quest Iss. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Peri II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF BUILDY Month, Dey, Yeer 2Dd. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Siete) White Not White all work		
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT MONTH TO PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II.e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	PART I. DEATH WAS CAUSED BY: Creste Coron	ONICET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) DUE TO (cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORME		
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO CAUSE OF DEATH. 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) while not while at work factory, streat, office bidg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Najeral causes Accident Suicide Homicide Undetermined manner DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22a. BURIAL, GRENATION 22b. DATE THEREOF 22c. NAME OF CEMETERY BALTIMORE, MD. 8-24-60 LOUDON PARK CEMETERY BALTIMORE, MD.		
Cause last Cause	gave rise to immediate cause	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20a. TIME OF BLUART Month, Dey, Yeer 2Dd. INJURY OCCURED 20a. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) 20a. TIME OF BLUART Month, Dey, Yeer 2Dd. INJURY OCCURED While at work at	(a), stating the underlying	
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20c. TIME OF NUMBER Month, Dey, Yeer 20d. INJURY OCCURRED While Not While al work factory, streat, office bldg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Acci	OTTO	PERFORMED? YES NO
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Nateral causes, Accident, Suicide, Homicide, Undetermined manner ACTUAL, ASSISTANT MEDICAL EXAMINER SIGNATURE, ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER, Address (Streat, city, town, or country) 22a. BURIAL, GREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY, 22d. LOCATION (City, town, or country) (State)		intar nature of injury in Part I or Pert II of item 1B.)
death resulted from: Nateral causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE	20c. TIME OF NUMBER Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA While Not While facts all work at work	
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ACTUAL SIGNATURE EXAMINER'S NAME (Type) 228. BURIAL, GRUADON 225. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or country) 8-24-60 LOUDON PARK CEMETERY BALTIMORE MD. ASSISTANT MEDICAL EXAMINER DATE SIGNED DATE SIGNED Address (Streat, city, town, or country) (State)	death resulted from: Natural causes Accident . Suici	ide, Homicide, Undetermined manner
SIGNATURE EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 228. BURIAL, GRENAUON, 22b. DATE THEREOF REMOVALUE STATE STATE ADDRESS (Streat, city, town, or county) 220. NAME OF CEMETERY OR CREMATORY EXAMINER STATE Address (Streat, city, town, or country) (State) 8-24-60 LOUDON PARK CEMETERY BALTIMORE MD.	- Mare	CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) 22a. BURIAL, GEMATION REMOVAL TAXAX 8-24-60 LOUDON PARK CEMETERY BALTIMORE. MD.		M.D. ASSISTANT MEDICAL EXAMINER
226. BURIAL, CEMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 8-24-60 LOUDON PARK CEMETERY BALTIMORE MD.		X - 10-100
8-24-60 LOUDON PARK CEMETERY BALTIMORE, MD.	228. BURIAL, GREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
C Z T CO C C C C C C C C C C C C C C C C C		RAI TIMORE MA
	26. FUNERAL DIRECTOR ADDRESS ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Joseph Danley Bris Sons Inc. 1756 PARAVER N.W. DATE G 2 4 '60 Coming S. Huma	The production of the second	W DATAUG 2 4 '60 Comma S. Knows
VIJOS. GAWLER'S SONS INC. 1/50 PA. AVE. N.W. IDATE	COUS BANLER'S SONS INC. IT OF A AVE. N.	W



VS A1S (4) 15M 9/SS

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1645	CERTIFICATE OF DEATH	

	keg, Dist. No.
1. PLACE OF DEATH O. COUNTY + 1	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
19 A DC 1	MARYIBHA TAIBOT
b. CITY OR TOWN (If outside corporate limits, write gural ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sherwood 46 YRS	Sherwood
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Po Box 3	P.C. Box 3
3. NAME OF DECEASED (Type or print) ROSIE E. Middle I	enn's Death South Pay Year Of Death 9 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lost birthday) Months Days Hours Min.
temale Col WIDOWED DIVORCED	8 2 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL dyring most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country)
LAberer TACTORY	MARY Johd W.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unkown	Annie Mason
	INFORMANT Address
(Yes, no or unknown) (If yes, give wor or dates of service) 217-69-1663	eithleton Dennis, Sherwood, Me
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSEJ AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	is animal 1. me
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Conditions, if ony, which)	
gove rise to immediate Due TO	
luing come lord	
(9)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
e land in other signature of continuous contributing to beauties	PERFORMED?
O ACCIDENT MAN TO THE RESERVE MA	YES NO
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while of work of work	
21. I certify that I attended the deceased from Alexander	7 19/1 to All G., 19 (that I last saw the deceased
alive an Aury 9 19 6 Q and that death	
16.00	ADDRESS (Street, city or town, state) DATE SIGNED
STONATURE STONE STONATURE	7 -1 5/ Marines 7 19/12/1
SIGNATURE	M.D. J. A. C. J. L.
PHYSICIAN'S AME (Type) A GOY M RE	ESER 9-
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, fown, or county) (State)
Stewart 8/18/60 Shi wer-	od Cim Showed, md.
23. FANERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
tower klockiell Fater	27 P. DATE ALIG 17'60 archy & thous
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arthur S. Krans

VR A15 (4) 15M 9/59

9620 CERTIFICATE OF DEATH							
1. PLACE OF DEATH O. COUNTY A 160 T MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Carolina b. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) EASTON 19 HV	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial Hospital	d. street abdress o. is residence on a farm? YES NO						
3. NAME OF DECEASED (Type or print) ROSA Middle (AV)	DRUMMOND 4. DATE OF DEATH Que 22 1960						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Sept 12, 903 Sept 12, 403 Manths Days Haurs Min.						
10a. USUAL OCCUPATION (Give kind of work done on 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	- Tueryland Also						
13. FATHER'S NAME John Helsley	Mentine ordan						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) (If yes, give war or dates of service)	INFORMÁNT Drumeneprad Dentowh						
18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	alters left temperal ONSET AND DEATH						
DUE TO Canditians, if any, which) (b)							
gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO Column Column							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II af item 18.)						
	PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty) (Stote						
21. I certify that (1) (this haspital) attended the deceased from saw the deceased dive on the deceased that	n, 19, that (I) (we) last death accurred M. S. M., fram the causes and an the date stated above						
22a. SIGNATURE COUNTY OF THE PROPERTY OF THE P	M.D. ATTENDING MED. STAFF A 22b.DATE PHYS. A 22b.DATE						
22c. PHYSICIAN'S NAME (Type) & C. H. Schmid	+ 22d. ADDRESS 125/07 May/2/2						
230-BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d LOCATION (City, town, of county) (State)						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						

AUG 2 9 '60

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e. IS RESIDENCE

Day

Hours

ON A FARM?

YES NO IN

Year

PERFORMED?

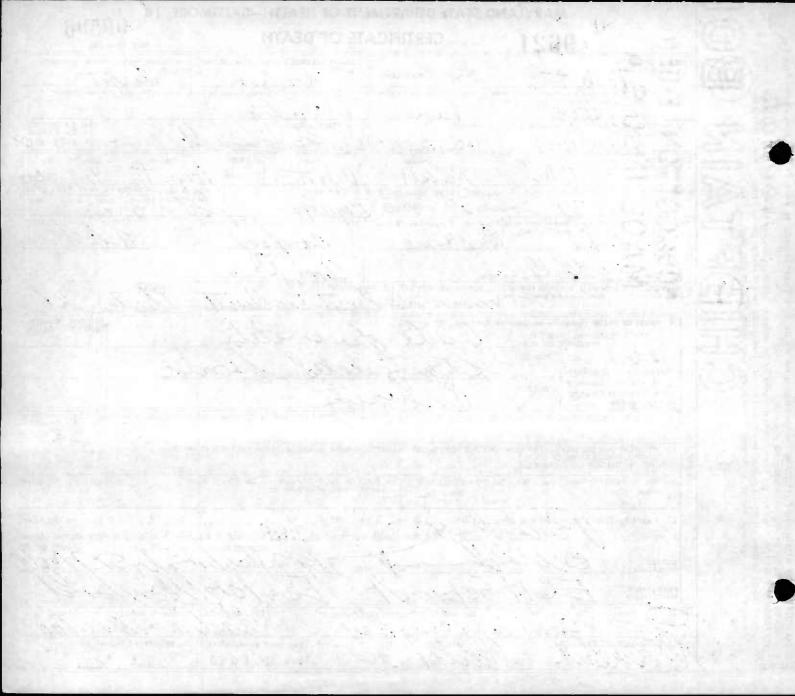
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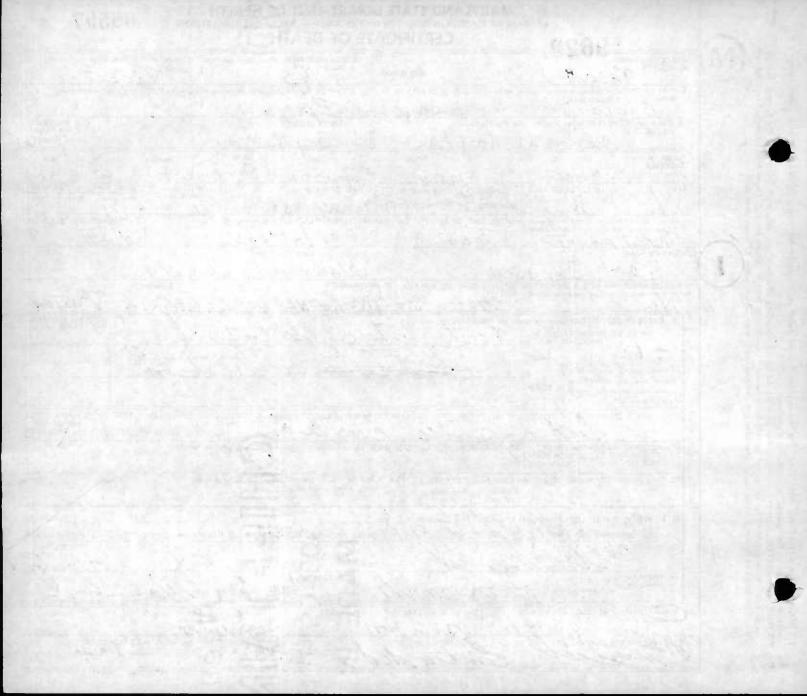
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

09597

1	gg99 CERTIFICA	TE OF DEATH
)	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EADION 5 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED (Type or print) JAMES First Middle	Emerson 4. Date Month Day Yeor DEATH August 3/ 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Nev 27, 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. New 27, 1888
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) THEATER	MARYLAND U.S.A
)	13. FATHER'S NAME WIN V, EMERSON	MARY ANN DONLIN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or mknown) (If yes, give wor or dates of service)	PRS KATBERINE B. ENERSON EASTON
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), storing the under- lying couse lost. (c)	tre d'intertual ONSET AND DEATH The diletation
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	THOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture of injury in Part Leaf Fort II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the feature of work of the p.m. 19 While of work of the p.m.	**LACE OF INJURY (Home, Gam, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
		death occurred at 2:30 M, from the causes and an the date stated above.
	220. SIGNATURE S	M.D. PHYS. DIRECTOR STAFF M.D. PHYS. DIRECTOR PHYS. 22b. DATE STAFF STAF
	NAME (Type) & -C-H TELTIMENT	Contar Maylind
	23. BURIÁL) CREMATION, PARENTAL (Specify) 24. FUNDER ROBRECTOR SHONATURE 24. FUNDER ROBRECTOR SHONATURE	y Easter
	Militabeth John M.	250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE

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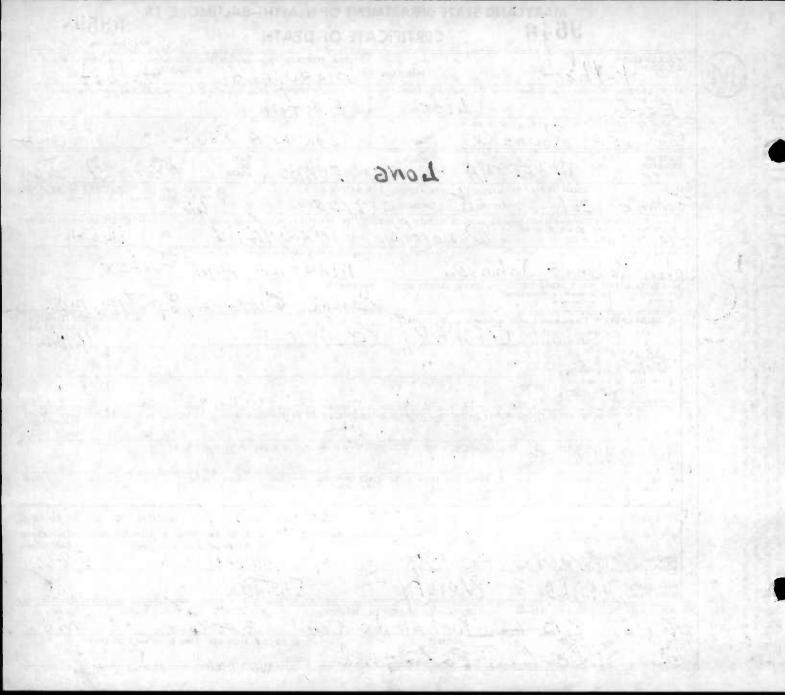


VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9646

CERTIFICATE OF DEATH

		OLK III 10	AIL OF BEATT		Reg. Dist. No.	
1.	PLACE OF DEATH O. COUNTY +A/bc+	MARYLAND	2. USUAL RESIDENCE (Whe		nstitution: Residence before	re admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	Life	E ASTON	tside corporate limits, v	write RURAL and give nea	arest town)
	d. NAME OF HOSPITAL (If not in bospitol, give street of PR INSTITUTION BOX USA / COLLS	oddress)	BOX 45	A Rout	e_3	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ALBERTH	A LONG	EVANS	4. DATE OF DEATH	AVG. 7	Year 19 60
5.	Femmle Col WIDOWE	DIVORCED DIVORCED	8. DATE OF BIRTH 9/25	9. AGE (In last birth	nday) Manths Days	Haurs Min.
100	USUAL OCCUPATION (Give kind of work done 10b, Juring mast of warking life; even if retired)	Demestic	STRY 11. BIRTHPLACE (State of PARY)	And	12.CITIZEN OF	WHAT COUNTRY
13.	chn Robert John	son	MARTH	9 Ann	Foster	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	SOCIAL SECURITY NO.	Genol.	vons.	Easter,	md.
	18. CAUSE OF DEATH [Enter only one couse per lim PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	e for (o), (b), and (c).]	Dalusian			ERVAL BETWEEN SET AND DEATH
	Conditions if any which					7 1100.
	gave rise to immediate couse (a), stoting the <u>under-lying</u> couse last.			li a li		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Part II of item 1	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of work	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County)	(Stote
	21. I certify that I attended the decease	/ ^	1960 tap		960,that I last saw	
	ACTUAL AM A	and that death		ADDRESS (Street, city or	es and an the date town, state)	DATE SIGNED
	PHYSICIAN'S MAAD F.	BARTLEY	EAS	TON	<u> </u>	mD
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (Gity,	tawn, or county)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b	REGISTRAR'S SIGNATUR	re
4	anin IX do hell	, 6 orlin, 1	nk. DATE	UG 1 0 '60	Gritain & Ha	



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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARVIAND CTATE DEPARTMENT OF HEALTH

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IVISIO	N OF	STATIS	TICAL	RESEARCH	AND	RECORD	s —	BALTIM	ORE 1,	MARYLAN	4D
			CFI	PTIFIC	ATE	OF I	DEA	HT/			

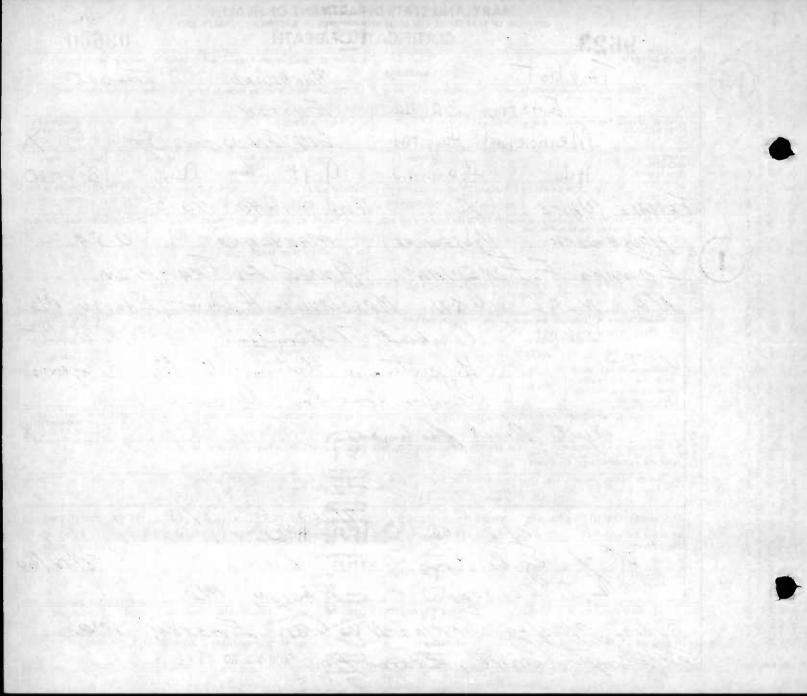
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — DA
623	CERTIFICATE OF DEAT

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9623	CERTIFICA	IL OI DEATH	03000
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived	. If institution: Residence befare admission) b. COUNTY
IA DOI	MARYLAND	MARYLAND	TALBOT
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate li	mits, write RURAL and give nearest town)
EASTON	32 da.	40 EASTON	
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Memoria	- Hospital	617 604050	ORO ST. YES NO
NAME OF First	Middle	4. DATE	Month Day Year
(Type or print) Ada	to Reman	GO T DEATH	Ung 18 1960
6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AC	(In years) IF UNDER 1 YEAR IF UNDER 24 HRS thirthday) Manths Days Haurs Min.
FEMALE WHITE WIDOV	WED DIVORCED	HUD, 9 1890	70 yrs. Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY
HOUSEWARK	HAUSEWIFE	MARYLAND	U,5A,
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Enwaren Fato	REMAN	HANNE E, T.	KAMPTOM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown)	S. SOCIAL SECURITY NO. 17. IN	NFORMANT	Address
NO NONE	UKN. M	RS. CRVILLE H. LY	ITT FASTON, MD
18. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	Cerebral	16 humlins	ante
DUE TO	hi .	00	2 4 -
Canditians, if any, which) (b)	Margenten	ave atterns che	rate neces
gave rise to immediate cause (a), stating the under-	m 0.		
lying cause last. (c)	Cardy V	as cula Shee	arl
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 acute Ken	al failur	0	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of	item 1B.)
-	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or to	wn) (Caunty) (State
Hour a.m. Whil	e _ Nat while _ fac	ctory, street, affice bldg., etc.)	(cosmy)
≥ p. m. 17 at wo	ark at wark	7/25 /	-15- 6
21. I certify that (I) (this hospital) atter	A C.	11 7.5	19_6, that (I) (we) las
saw the deceosed olive on 0	219.00, and that d	deoth occurred of M, fram the	causes and on the date stated above 22b.DATE
22a. SIGNATURE	0	ATTENDING MED. ST.	AFF _ SIGNE
22c. PHYSICIAN'S	redu	M.D. PHYS. DIRECTOR PH	YS. 8/(8/6
NAME (Type)	SEDER	Easter M.	10
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	DE CREMATORY 234 LOCATION	(City, tawn, ar caunty) (State)
REMOVAL (Specify)	SO PIACE	The country of the co	(City, tawn, ar county) (State)
24. FUNERAL DIRECTORS SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
1110	al E	N MO DATEAUG 2 2 '60	Crithun & Kraus
(Contamen Course	K - 45TO	N. 100 DAIRIUU LL OU	Continut d. Thank

by the funeral directar, TO HOSPING OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be do by the haspital ar attending physician.

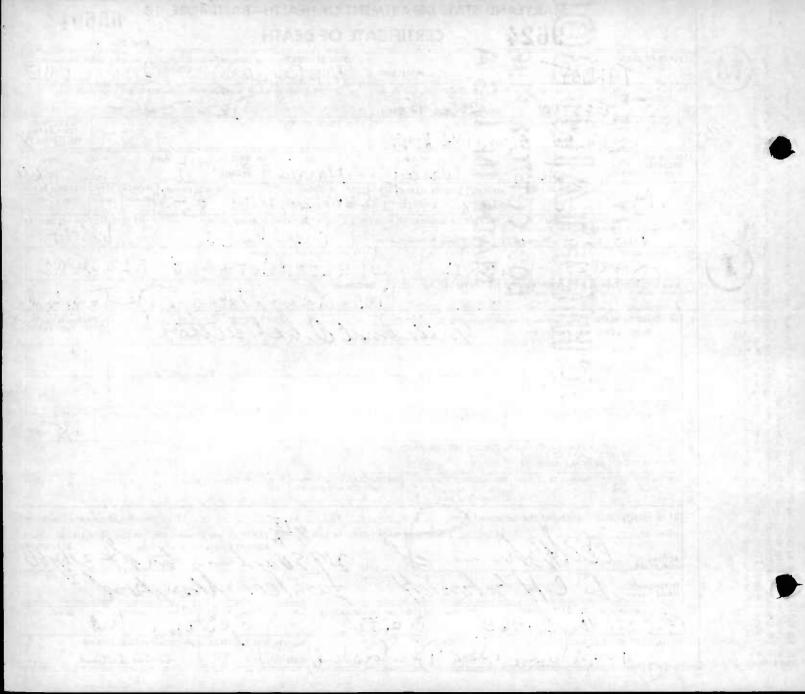
TO HONERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and the funeral director.



09601 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where de	ceased lived. If institutions Residue.	dence befare admission)
144501	MARYLAND	11/10/04/19	rivi) Giz	450 MINE
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give negrest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (Foutside	corporate limits, write RURAL ar	nd give nearest tawn)
EASTON	20 ters 13 min.		NETHATI	
d. NAME OF HOSPITAL (If not in hospital, give street add	dress)	d. STREET ADDRESS	1	e. IS RESIDENCE
OR INSTITUTION Easton Memor	ial Hoso.	ALTERNATION OF THE	05	YES NO N
3. NAME OF Eirst	Middle	Last & 4. D.	ATE Manth	Day Year
DECEASED	Wealey	1 0	EATH CLAS	2 /1
(Type ar print)		140000-	unu	1960
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED DIVORCED	SEPT 24, 187	9. AGE (In year) IF UND Manth yrs.	DER 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN	D OF BUSINESS OR INDU	STRY 11. 81RTHPLACE (State or fore	eign country) 12.0	TITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	farine	maruka		WSTS
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
DAMPS HARR	275	151 T7 080	THANK F	LOW) PR?
310 to 1 = 0 14 to 1	CIAL SECURITY NO.	K LL WAS	1 440	7 7 7 7 7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO.	Mrs Lewis	Howy De	stow, hele
18. CAUSE OF DEATH [Enter only one couse per line f	for (a), (b) and (c).1	111-	-1/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	halle this	11/1/1/1/1	en lion	ONSET AND DEATH
IMMEDIATE CAUSE (a)	9 runger	acc a so re	00000	
3 1 0 5 DUE TO				
Canditians, if any, which) (b)				
gave rise to immediate DUE TO				
lying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Port II of item 18.)	170(110
200. ACCIDENT WAS UNDERLYING 200. DESCRIOR CONTRIBUTING 200. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		A CE OF INVINOVALL A LOOK	Leate 1	10 11 11
Hour a.m. While	Not while 20e. PL	ACE OF INJURY (Hame, farm, 20f ctory, street, office bldg., etc.)	. (City ar tawn)	(County) (Stote)
p. m. 19 of wark				
21. I certify that I attended the deceased	(com	, 19 , to ,	, 19,that I	last saw the deceased
olive on	ond that death	occurred at 8 3 M f	rom the couses ond on	
600101	, ond ma deon		ESS (Street, city or town/state)	DATE SIGNED
ACTUAL CELEPTON	My	7/95 Was	1- took	2H460
SIGNATURE	1	M.D. J 1.11 690	7 80 (1)	1.37
PHYSICIAN'S L. C. L. Sal	Smith	+314 You	Mariba	
NAME (Type)	111.011	1071011	119014101	4.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 2	22c. NAME OF CEMETERY C	R CREMATORY 22d.	LOCATION (City, tawn, ar count	y) (Stote)
Burnel (hy 5, 1960)	Den	to-a	1)enton	Mid
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS T	24g. REC'D 8Y R	REGISTRAR 246. REGISTRAR'S	SIGNATURE
1 Vingallian Von	or Deute	Wy Cel, DATE AUG 8		S. Kraus
The state of		DAIE MOU O	CONTRACT CONTRACT	A. PARAMO

VS A15 (4) 15M 9/58



FOR STATE HEALTH DEPT TO DEF MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If are let use the please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the inversal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09602

•		PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed livad, If institution: Reside	nça before edmission)
		o. COUNTY TO DO T MARYLAND	6. STATE 6. COUNTY	Lot
		b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY QR TOWN (If outside corporete limits, write RURAL end give	naarast town)
		WN RURAL end give naerast town)	X Newcomb	
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		Oak Creek		ON A FARM?
	3.	NAME OF First Middle	Last 4. DATE A Month Day	
	7.1	DECEASED (Type or print) \\(\lambda \rangle \lambda \rangle \rangle \rangle \lambda \rangle \	Mand DEATH ATLC 27	1 -
		1/1/1/1/185	DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR	1960
	٠.	NEVER MARKIED NEVER MARKIED	TUNE 26, 1953 last birthday) Months Days	Hours Min.
	10=	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	yrs.	
_		. USUAL OCCUPATION (Give kind of work na during most of working life, ayen if retired)	11. BIRTHPLACE (State or foreign country)	OF WHAT COUNTRY?
	7	50h081	I VVIA INS	/+
L	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	-	Douglas Holland	Louise Deggwill	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. s, no, or unkown) (Ifyasgivewarordatesofservica)	NFORMANT description of the state of the sta	\
П		1	is proughes stolland, he	compiny.
		1B. CAUSE OF DEATH (Enter only one cause or line for (e), (l9, and (c).]		TERVAL BETWEEN IN
		IMMEDIATE CAUSE (a) ACCIMENTAL	arewning	
1		DUE TO		
		Conditions, if eny, which (b)		
		gave rise to immediate causa DUE TO		
		cause last. (c)		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
	V.			PERFORMED?
	CERTIFICATION		nter neture of injury in Pert I or Pert II of itam 18.)	
^	E CE	PRIMARY or CONTRIBUTING 1) TO WHEEL IN	creek-Sisimum	
9	S		CE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stete)
	MEDICAL	Hour S-> 1960 et work et work	MC reek Newtons Tal.	md
		21. I certify that I took charge of the remains described above, hel		in my opinion
		death resulted from: Natural causes . Accident . Suici		with the opinion
			CHIEF MEDICAL EXAMINER	
-		ACTUAL LOUIS // WITH	ACCICTANT MEDICAL EVALUATED	DATE SIGNED
		SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER TO	
		EXAMINER'S NAME (Type)	Address (Street, city, town, or county)	7-7-60
	22e.	BURIAL, CREMATION 226. DATE THEREOF 226. NAME OF CEMETERY OR		(Steta)
		Semoval (Specify) 8-30-60 Sprain of	Remeter Easton n	nd
	23.	FUNERAL DIRECTOR ADDRESS	249 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	URE
	2	Alan leton Alan mont all h	SEP 2 '60 areny S. King	us
1	1	of the control of the control of the	CO PULL ON I	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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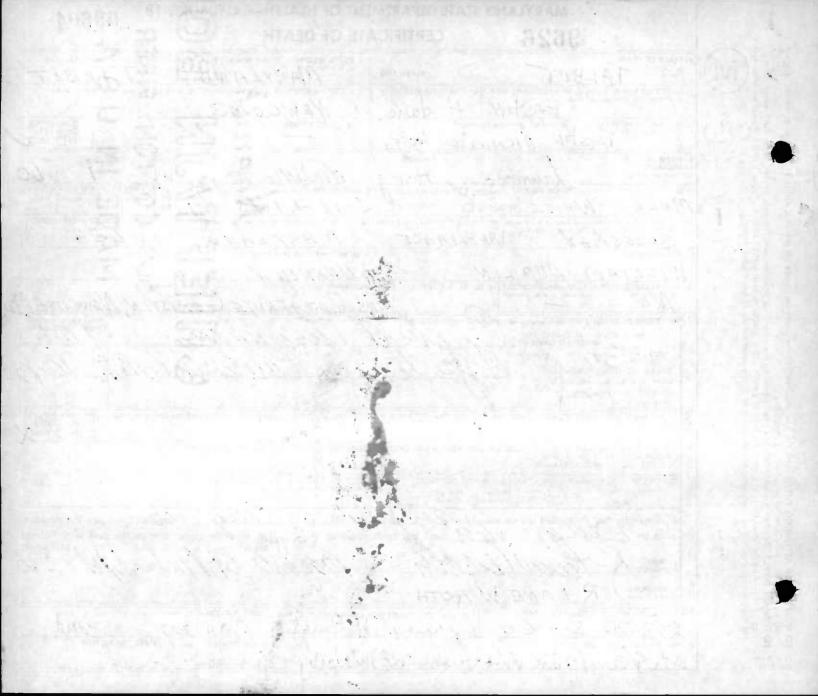
CERTIF	ICATE OF DEATH
1. PLACE OF DEATH JOZ () o. COUNTY / A/bot MARY	LAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE argument deceased lived. If institution: Residence before admission) or STATE argument deceased lived. If institution: Residence before admission) or STATE argument deceased lived. If institution: Residence before admission) or STATE argument deceased lived. If institution: Residence before admission) or STATE argument deceased lived. If institution: Residence before admission) or STATE argument deceased lived. If institution: Residence before admission) or STATE argument deceased lived. If institution: Residence before admission or STATE argument deceased lived. If institution is residence before admission or STATE argument deceased lived. If institution is residence before admission or STATE argument deceased lived. If institution is residence before admission or STATE argument deceased lived.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON 35 min	IN 1b c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Luther Herm,	
S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIE DIVORCEI DIVORCEI	lost birringoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS O during most of working life) even if retired)	R INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHERS NAME F. COL	14. MOTHER'S MAIDEN NAME Clevenger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service]	Wrs. Luther Le Rostory
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coron ary Throng bons Interval BETWEEN ONSET AND DEATH 3/4.
Canditions, if ony, which gave rise to immediate (b)	
couse (a), stoting the <u>under-lying couse last.</u> Countries DUE TO (c)	
САТІС	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 of work of work	20e. PLACE OF INJURY (Home, form, office bldg., etc.) (City ar town) (County) (State foctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 1946, and	from 1940, to 1940, that (1) (we) los that death accurred at M. From the causes and an the date stated above
220. SIGNATURE News her Harrisan	M.D. PHYS. DIRECTOR PHYS. 19 19 19 19 19 19 19 19 19 19 19 19 19
22c. PHYSICIAN'S NAME (Type) THURSTON HARRISOI	V Carley leavy local
230 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMINAL (Specify)	etery or Crematory 23- OCATION (City, town, ar county) (Stote)
24. MUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	Town, Jud. DATE AUG 2 9 '60 CARLING S. KLAUS

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be detailed by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages 1 and 2 should be fifted with the State Board of Health prior to burial, cremation, or remaval, and event, within 72 hours after death. VR A1S (4) 1SM 9/59

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		9626 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	M	1. PLACE OF DEATH a. COUNTY ALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND ALBOT ALBOT
death.		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) EASTON H. GRURAL and give nearest tawn) RURAL and give nearest tawn)
s offer by the fu	280	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AS TO NOTICE OF THE COMB d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO ICL} \)
within 24 Herely filled in Pages 1 and		3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED JUNE 4. 1885 Manth Day Year 19 60 9. AGE (In year) Months Days Hours Min.
e executed and cample ban papers.		10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? APPLIANCE MARY LAND 12. CITIZEN OF WHAT COUNTRY? WIDOWED 10. MIDOWED 11. 8IRTHPLACE (State or foreign country) MARY LAND 12. CITIZEN OF WHAT COUNTRY? WIDOWED 13. MIDOWED 14. MIDOWED 15. MIDOWED 16. MIDOWED 17. MIDOWED 17. MIDOWED 17. MIDOWED 18. MIDOWED 19. MID
cate be sician ar ve carba		13. FATHER'S NAME WILLIAM PIALIN UNKNOWN
certifi ng phy rema 72 hau		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or doles of service)
the death he attendii hen please		18. CAUSE OF DEATH [Enter only one couse per (line for (a), (b), and (f)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH
quires that signed by t permit. T		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) Therefore Conditions (b) DUE TO
he law req physician. nas been si rial-transit		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{NO} \) YES \(\sigma \text{NO} \)
AN: T ending icate b		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI al ar atte this certif r use as		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark at w
ENDING he haspil R: After ached fa		21. I certify that Dattended the deceased fram 5 MULL, 1960, to MULL, 1960, to Mat I last saw the deceased alive an 1960, and that death occurred at 2 D.M. from the causes and an the date stated above.
OR ATT		ACTUAL SIGNATURE M.D. SULLE SIGNED M.D. SULLE SIGNATURE M.D. SULLE SIGNA
		PHYSICIAN'S R. LANE W ROTH
may be reprint to FUNERAL page 3 share the registrant		22d. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (Stode) 22d. RATE THEREOF 22d. LOCATION (City, tawn, or caunty)
VS A1S (4) 1SM 9/S8	0	A Fambletin Havison of Mirly pare 16 5 '60 Color & King



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

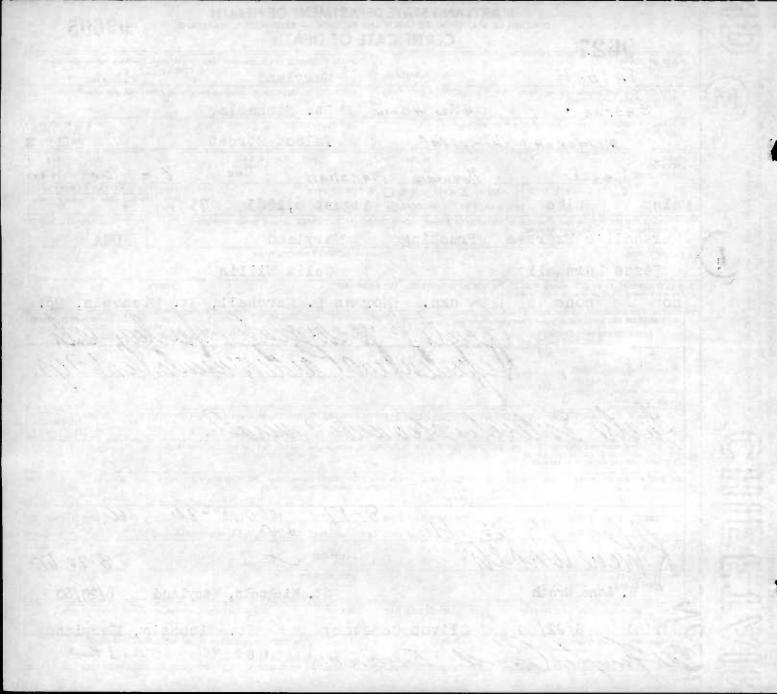
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9697	CERTIFICA	TE OF DEATH		(10000)
1. PLACE OF DEATH a. COUNTY TAI bot	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Marylan	- b COUNTY	an: Residence before admission) Talbot
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 4 hrs 45 Min	W	outside corporate limits, write R	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Memarial H	ddress) 5pital	d. STREET ADDRESS 1 Talbot		e. IS RESIDENT ON A FARM YES NO
3. NAME OF DECEASED (Type or print) Qesse	Morman M	narshall	4. DATE Mon OF BEATH	1th Day Year - 20 196
Male 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 6, 18	9. AGE (In years last burthday) 75 yrs.	Months Days Haurs M
Oa. USUAL OCCUPATION (Give kind af wark done lob. K during mast of warking life, even if retired) Marshall's Express	Trucking	STRY 11. BIRTHPLACE (State Maryland		12. CITIZEN OF WHAT COUNTY
Jesse Marshall		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (Popularia) (If yes, give war or dates of service)		ormant Orman D. Mai	rshall, St.	Michaels, Md.
Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last. (c) That II. OTHER SIGNIFICANT CONDITIONS CO	DATE BUTTING TO DEATH B	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While		ED. (Enter nature of injury in ACE OF INJURY (Hame, farm loctory, street, affice bldg., etc.	n, 20f. (City ar tawn)	(Caunty) (S
21. I certify than (I) (this hospital) attended saw the degreesed alive an	ed the deceased fram.		M, fram the causes ar	, 1960, that (I) (we)
220. SIGNATURE MENL WHACK MAME (Type)	1	M.D. ATTENDING PHYS. DI	ED. STAFF PHYS.	8-20-60
23a. BURIAL, CRAMION, REMOVAL (Specify) BUrial 8/22/60	23c. NAME OF CEMETERY C		naels, Marylan 23d. LOCATION (City, town, St. Michae	or caunty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Faco		D BY REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE Cuthur S. Kinus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be a by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayol, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

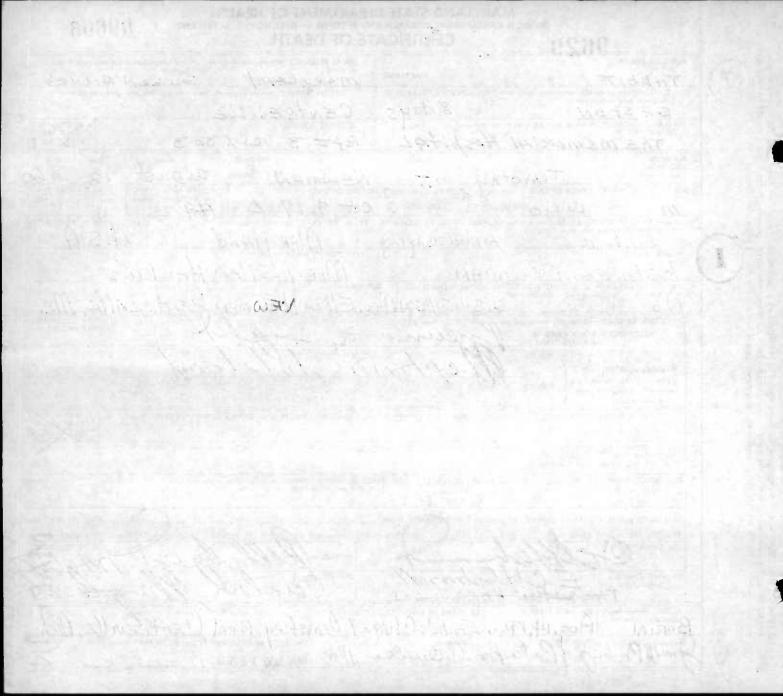
	96	328		CERTIFIC	ATE OF DEAT	Ή		
1. F	LACE OF DEATH	Albot		MARYLANI	O STATE A # #	(Where deceased lived. If i	nstitution: Residence I	before admission)
Ł	RURAL and give ne	outside carporate linarest tawn)	nits, write c. LEN	HEADERS IN 1	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give	negrest town)
		AL (If not in hospital,	give street oddress	1 Hospin	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print)	app	a Ci	Middle harlotto	newnan	4. DATE OF DEATH	Month	Day Year 28 1960
S. S	FEMALE	6. COLOR OR RACE	WIDOWED [NEVER MARRIED DIVORCED	MAR 22		Months Da	, g
	House,	N (Give kind af wark ing life, even if retire WIFE	done 10b. KIND (OF BUSINESS OR IN	NEAVI	THE MARYLA	NG 12. CITIZEN	L S. A
	Tohu	NIBLE	T		FLIZ	SLETT P	ARKS	
		IN U. S. ARMED FO		L SECURITY NO.	Me Coy	Yewwan	J. Abh	richaels?
The same		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (σ			INTERVAL BETWEEN ONSET AND DEATH 3 WR
	Candifions, if or gove rise to in couse (o), stoting t	nmediate (by Neps	hosele	rosis			Unknow
CATION	lying couse last. PART II. OTH		1. 4	BUTING TO DEATH	BUT NOT RELATED TO THE TI	ERMINAL DISEASE CONDITIC	ON GIVEN IN PART 1	a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCU	RRED. (Enter nature of injury	in Part 1 or Port 11 of item	18.)	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Y	While _ N	OCCURRED 20e.	PLACE OF INJURY (Home, foctory, street, office bldg.,		(Cou	nty) (Stote
	21. I certify that	t (I) (this hospite	il) attended th	e deceased from	t death accurred a	19, .to	es ond on the d	, that (I) (we) last late stoted above.
		cobert V	V. Trev	ಉ	M.D. ATTENDING PHYS.	MED. STAFF PHYS. [8 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	ber 6 W. T	rever		Eas ton	, Maryland		8/29/60
	Sivual (Specify		1,1960	Me of CEMETER	t Cemeler	23d. LOCATION (City,	it	Ind
24.	Hamp	CITON 7	raises	DDRESS N	//	SEP 2 '60	Onthun 8. 1	
					inco.			

1913151 Taddar Zalbar T. leat s EASTER THE FLAGE PLANTERSTON Chical Care Standard Contra Charles & tok lette Like Dans - Degraf 28 FEW SE WHATE THE MAR 22 (1979 SO Add bushyant titravit was the Maryland Made The Works Works ZMEAR MELARITA Me Coy Humacon adminished the the found the second of the second of the second Manager to the thirty of the same

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	9629	CERTIFICA	TE OF DEATH			0000	
1. PLACE OF DEATH o. COUNTY IAL bo	+	MARYLAND	2. USUAL RESIDENCE (W a. STATE MARY LA	Nd b.	COUNTY	ANNE	5
b. CITY OR TOWN RURAL ond give		8 days		outside corporate limit	s, write RURAL and	give nearest town	!
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give street		d. STREET ADDRESS R+# 3	Bry 30	3		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Timoth	Middle	NEWMAN	4. DATE OF DEATH	Month		Year 19 60
5. SEX	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH	9. AGE lost b	(In years IF UNDER irthdoy) Months	Days Hours	R 24 HRS. Min.
during mast of we	TION (Give kind of work done 10b orking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITI	L. S.A.	OUNTRY?
3. FATHER'S NAME	EW NEWN	1AN	MARU .	ELLEN 1	FAWKIN	, S	
1S. WAS DECEASED EV	VER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT RS. Eliza	ELDMAN 6	Address ENTREW	ille A	1d.
Conditions, if gove rise to cause (a), statin lying couse las	immediate g the under-	Mephs	itis, be	Tates			
ICATIO	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDI	TION GIVEN IN PAR	T 1(o) 19. WAS / PERFO YES	NO
	WAS UNDERLYING TO 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of ite	m 1B.)		
WE OF INJU Hour a. m p. m	. While	Not while fo	ACE OF INJURY (Home, for actory, street, office bldg., et		((Caunty)	(Stote)
21. I certify the saw the dece 22a. SIGNATURE			death accurred at	M, fram the co			
22c. PHYSICIAN'S NAME (Type)	Thoreston H	ARRISON	22d. ADDRESS	toll	May	la	de la constantina della consta
PREMOVAL (Specif	(m) Aug, 14, 1960	EARLE'S CHA	PEI CEMETER	23d. LOCATION (C)	VENTREI	11 ((E,))	l'd.
Sin AUNERAL, DIRECTO	itan for Baitan for	ron. Centrevelle	Mel 250. REC		25b. REGISTRAR'S SIG		



FOR STATE is necessary, please director. Page for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should a forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be rely. For your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,

or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9649

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1					Reg. Dist. IV	0.
1	O. COUNTY TALBOT		USUAL RESIDENCE (Whe	LAND.		efore admission) - Bo T
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH O	STAY IN 16	EAST	Nide corporate limits	RURAL ond give	nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	oddress)	d. STREET ADDRESS	-		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) WILLEM WESE	ddle P	Eluck 4.	OF A	Month Do 945+ 14	Yeor 1960
5	SEX NALE 6. COLOR OR RACE 7. MARRIED NEVER A	ARRIED 8. DAT	PT. 11, 18	9. AGE III-	yrs. IF UNDER 1YEA Months Days	R IF UNDER 24 HRS. Hours Min.
1	0a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF KUSINI during most of working life year in retired)	SS OR INDUSTRY	11. BIRTHPLACE (Store or	foreign pountry)	12. CITIZEN	OF WAT COUNTRY?
1	3. FATHER SHAME Paluszkiewicz	E	MOTHER'S MAIDEN WAS	Erenia.	Poland	•
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI Yes, no. or unknown! (1/1/2) Armet of the defeative 2/7-07-4	TY NO. 17. INFO	Mrs. Junes	Price	ddress	aston m
	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	(c).]	Occau:	SION		ERVAL BETWEEN SET AND DEATH
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 20b. DESCRIBE HOW INJURY CAUSE OF DEATH.	D DEATH BUT NOT I	RELATED TO THE TERMINA	AL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
- 5		OCCURRED. (Enter	noture of injury in Port I	ar Port 11 of item 18.)		
	20c. TIME OF INSTANT Month, Doy, Year 20d. INJURY OCCUR How o. m. 8-14 1960 of work at work	e foctory, s	F INJURY (Home, form, treet, office bldg., etc.)	20f. (City or fown)	(County)	(Stale)
	21. I certify that I took charge af the remains des	cribed above,	held an Autapsy	, Inspection	Inquiry [], and in my
	opinion death resulted fram: Natural causes	Accident,	Suicide, Ha	micide . U	ndetermined mann	ner 🗌
9	SIGNATURE Faris Melly	M.	D. CHIEF MEDICAL EXAM	AINER 🗌		DATE SIGNED
	EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXA		8	-14-60
100	20. BURGAL CREMATION, 226 DATE THEREOF 22k. HAME OF	CEMETER OF CHE	Den.	CASISTA	tawn, or county)	Marie)
2	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Es tow	Mal. DATE		REGISTRAR'S SIGNATI	JRE

			SEVIM AXC	WEDICAL	11206	
		大 为是	Direction C			
No Same						
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	E same in pa					
	Fatigue,				X (0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	U	000	CERTIFICA	AIE	OF DEAT						
1.	PLACE OF DEATH					Where decease	ed lived. If instituti	on: Residence	before	e admissi	on)
	a. COUNTY Talbo	ot	MARYLAND	0	Marvla	and.	b. COUNTY	albot			
	b. CITY OR TOWN (II	f autside carporote limits, write	c. LENGTH OF STAY IN 16	1 8			orate limits, write R	URAL and gi	ve near	rest tawn)
	RURAL and give ne Rural	Oxford	90 yrs.		X Rural	Oxfor	d.				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street			d, STREET ADDRESS						FARM?
3.	NAME OF	First	Middle	-U	Last	4. DATE	Mon	nth	Day	, Y	/ear
	(Type ar print)	Sophia Der	rickson Rit	ter		OF DEATH	Aug. 3.	1960		1	9
5.	SEX	6. COLOR OR RACE 7. MARI		_	TE OF BIRTH	-	9. AGE (In years last birthday)	IF UNDER 1		T	
1	F.	W. WIDOW	ED DIVORCED	Ma	v 6. 18	70	90 yrs.	Months [Days	Hours	Min.
100	during mast of work	ON (Give kind of work dane 10b.		-	11. BIRTHPLACE (Sto		country)				OUNTRY?
	Housel	keeper	Own Home		Maryla			U.	S.	A.	
13.	FATHER'S NAME			14.	MOTHER'S MAIDER						
1		Harrison Wil				a Loui	ise Harr				
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORA	AANT		Add				
1	no		none	R.	Heber R:	itter	Jr. 0	xford			
		ATH [Enter anly one cause per li	ine far (a), (b), and (c).]	1						RVAL BE	
	PART I. DEATH WAS CAUSED BY: Cerebral allieus Clerosis (?)										
	DUE TO										
	Canditions, if any, which) (b)										
	gave rise to in	mmediate DUE TO				4600					
	lying cause last.	(c)									
Z	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TEL	RMINAL DISEA	SE CONDITION GIV	VEN IN PART	1(a) 15	. WAS A	AUTOPSY
ATIC										PERFO YES	RMED?
IFIC	20a. ACCIDENT WA	S UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCUR	RED. (En	ter nature of injury	in Part I ar Pa	ort II of item 18.)				
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)									
Y.	20c. TIME OF INJUR		INJURY OCCURRED 20e.	PLACE C	F INJURY (Home, fo	arm, 20f. (Ci	ty or town)	(Co	ounty)		(State)
MEDICAL	Haur a.m.	19 While at war	INGL WILLIE	factory,	street, affice bldg.,	etc.)			,,,		
2	p. m.	ut wo		1		110	26	- /			
		it (I) (this haspital) attend		1		1927 . to.	3 leng	, 19.69		, , ,	,
	saw the deceas	ed alive an July	1960, and that	death	accurred at	M, fran	n the couses ar	nd an the	date		abave.
	1/4	untun Harris	- Kee	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5	le	y les	SIGNED
	22c. PHYSICIAN'S NAME (Type)	THURSTON 1	HARRISON		22d. ADDRESS	acha.	hay lan	ch	0		
23	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CRE	MATORY	23d. LOC	ATION (City, town,	ar county)		(State	e)
	Buria.1	August 6.	1960. Oxfo	rd		0	ford. Ma	מפ [זות	7.		
24	FUNERAL DIRECTOR		ADDRESS	Luc	/ 25a. R	EC'D 8Y REGI		ISTRAR'S SIG		E	
	Kellis	dell. (aslon	R	DATE	UG 10'8	60 Cui	Chur S. F.	Trave		

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be the both the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-tronsit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPI VR A15 (4) 15M 9/59

(4) SET TO THE REPORT OF THE PARTY OF THE PA A CONTROL ESCUEDA DE COMPANION DE LA CONTROL to the first of the second sec .A ... Date with the month of the factors and nigra I en trol a brigario Antique - the telephone of the feet of the later of the l

after death.

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	off something				
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		Commission of the board of the board			
		And Indian Indian			

TO HOSPIT

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Albot	MARYLAND	2. USUAL RESIDENCE (Where deceased in a STATE Maryland	b. COUNTY	before admission)
b. CITY OR TOWN (If autside corporate limits, wing RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporal	e limits, write RURAL and give	e nearest town)
EAS to	V 12 hr. 25 min.	Greensboro		
d. NAME OF HOSPITAL (If not in hospital, give storm or INSTITUTION MEMORIA	of Hospital	d. STREET ADDRESS	OSX-	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELFRie de	7. Middle	Schneider 4. DATE OF DEATH	aug 24	Day Yeor 19 6C
	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 Y Months Da	YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work dane	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar fareign cour		OF WHAT COUNTRY
during most of warking life, even if retired) Housewife	None	France	U.S	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
No Rec	ord	No I	Record	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Address	
No	None Jo	seph Schneider	Denton, Mar	ryland
1B. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a), (b), and (c).]	die Boulevel		INTERVAL BETWEEN ONSET AND DEATH
DUE TO			D \	7
Canditions, if ony, which) (b)	When well	note Coron	4/4	
gave rise to immediate couse (a), stating the under-lying couse last.				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II	of item 18.)	
Haur o. m.	Mod. INJURY OCCURRED 20e. PL While Not while t wark at wark	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	r tawn) (Cau	enty) (State
21. I certify that (I) (this haspital) at saw the deceased alive an	tended the deceased fram. 2-7/1960 and that a	P 12	ne causes and an the d	, that (I) (we) lastate stated above
22a. SIGNATURE		M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) P. Evans Cox	M.	22d. ADDRESS D. Earle Ave. Ea	ston, Maryland	
230, BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 8-27-6	23c. NAME OF CEMETERY O		ON (City, tawn, ar county)	(State)
24 FUNERAL DIRECTOR'S SIGNATURE	HASOMA OM	250. REC'D BY REGISTRA DATAUG 2 9 '60	AR 25b. REGISTRAR'S SIGN	ATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

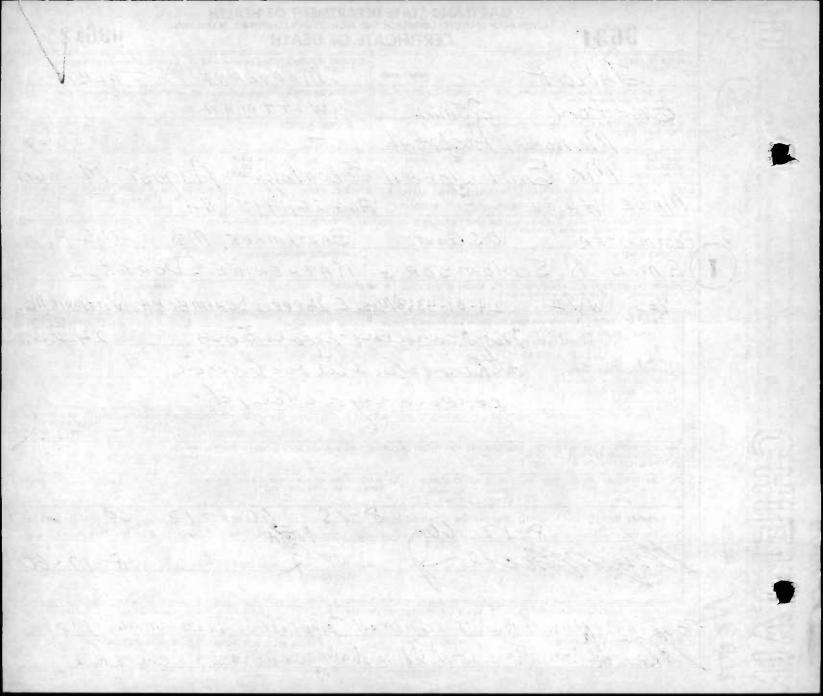
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33.1		
9	1. PLACE OF DEATH O. COUNTY A/LOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY TALBOT
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn)
	GASTON ODMING	
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF THE OFFICE OF A HOSPITAL (IF not in hospital)	e. IS RESIDENCE ON FARM? YES \(\sum \) VES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED (Type or print) A Middle	Solvenhow DEATH Progres + 17 1960
	Chill Chill	1000
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH ACG. 26, 1915 9. AGE (In years loss birthday) Wanths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	POSTMASTER U.S. GOVT.	BALTIMORE, MD U.S.A.
,	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J	JEMIL R. SCHOMBORG	MATHERINE DORRELL
	(Yes, no, or ynknown) (If yes, give wor or dates of service)	NFORMANT Address
	YES WWI 214-01-4368111	RE. E. DORRELL SCHOMBORG, WITTMAN, MD.
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Mysiande	onset AND GEATH
		1 10000
	DUE TO	
	Canditions, if any, which gave rise to immediate	ou reversive
	cause (a), stating the under-	R 1
	lying cause last. (c)	yarleyd.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORED? YES NOTE
	200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I or Part II of item 18.)
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRIOR OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRIOR 20b. DESCRIBE HOW I	
		LLET OF INJURY (II
	Haur a.m. While Not while fo	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) actory, street, affice bldg., etc.)
	p. m. 19 at wark at wark	
	21. I certify that (I) (this haspital) attended the deceased france	P-15 160 to 6-17 160, that (1) (ere) last
	saw the deceased alive an 2-17 1960 and that	A 14-5
	22a. SGMATURE	22b. DATE
	/ humannesser	ATTENDING MED. STAFF
	22c. PHYSJEJAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
	NAME (Type)	220. ADDRESS
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
	BURIAL HUG. 9, 1960 TILGHMI	AN. (EMETERY LILGHMAN, MD.
-	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	of Stampleton Harrison, It m	DATE ANG 19'60 Octive & House

may be. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, ar remayol, and in any event, within 72 haurs offer deoth. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP!

Us after death. Page 4

VR A1S (4) 1SM 9/59



TO HOSPIT

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY THINAT	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	ed. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	TH OF STAY IN 15	11) +	limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PEMBRIP	spital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type ar print) John /	e Compte	Seney 4. DATE OF DEATH	August 20 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED N N	DIVORCED B.	JUNE 25-1907	AGE (In yeors of Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Meso Meso	business or indust	RY 11. BIRTHPLACE (State or foreign counts	and 12. CITIZEN OF WHAT COUNTRY
	Samuel W Seney	A Sull-I	14. MOTHER'S MAIDEN NAME Taurie K	inble
_	1S. WAS DECEASED EVÊR IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	7-00 TU M	is alice W Leney	Duemateur Mel
	18. CAUSE OF DEATH [Enter anly one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO	discour	all ever elevatic	heard INTERVAL BETWEEN ONSET AND DEATH
	Couse (a), stoting the under- lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT &	for lucks NOT RELATED TO THE TERMINAL DISEASE CO	DNDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ij	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED.	(Enter nature of injury in Part 1 ar Part II o	
			CE OF INJURY (Hame, farm, 20f. (City or pay, street, office bldg., etc.)	town) (County) (State
1	220. SIGNATURE Aus for Alexinary 22c. PHYSICIAN'S. NAME (Type) / HURSTON HAR!	(40), and that be	eath accurred a P.P.M. from the	e cause and an the date stated abave 22b. DATE SIGNED A Loud 20 Rey Co
	Burgal aug 23-60 Co	DRESS Suturille	250. REC'D BY REGISTRAR DATUG 2 5 '60	(Stote) Life Mary Caud 25b. REGISTRAR'S SIGNATURE 2-16-19 25b. REGISTRAR'S SIGNATURE
	Trul a correct Meers of A Alexand Pres	C COLORES COL	THE DAMES A	

PUBLIC TO SETURIAL OF UPWELL that he was a subject to the state of the st Situate distant 12/ English of the first the contract of the first the contract of the contrac There is a second of the formal of the The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 9633Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) he d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION emoRia NAME OF 4. DATE Middle Inst DECEASED OF DEATH (Type or print) 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months DIVORCED yrs. papers. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if etired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? and pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car 中 physici remave 15. WAS DECEASED EVER IN 6. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, give war or dates of service) attending death ease 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). a PART I. DEATH WAS CAUSED BY: Then **DUE TO** that by permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underhas been si physician. lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 5 foctory, street, office bldg., etc.) MEDI Hour o m While Not while this 19 ot work ot work 19 40that I lost saw the deceosed 21. I certify that I attended the deceased from detached and that death occurred at 3:45 km, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE TO FUNERAL DIR PHYSICIAN'S registrar MARRISON NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF. 22d. LOCATION (City, town, or county) 22co NAME OF CEMETERY OR CREMATORY

VS A15 (4) 15M 9/SB

REMOVAL (Specify)

PUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

24a. REC'D BY REGISTRAR

DAMUG 1 2 '60

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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Days

(County)

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T

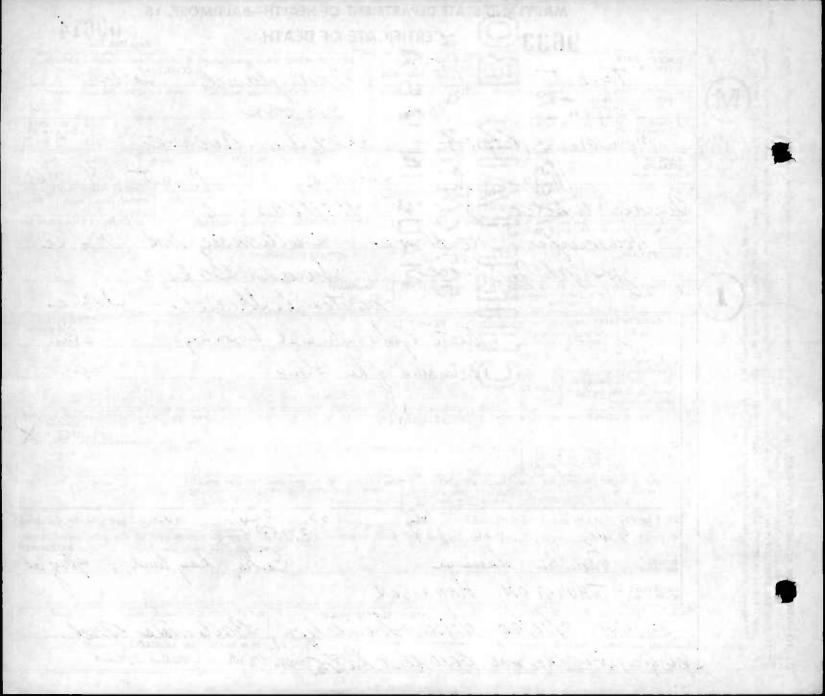
> > (Stote)

DATE SIGNED

(Stote)

ON A FARM? YES NO

Yeor



death thot the page 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09615 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) c. CITY OR TOVIN (If outside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZENIOF WHAT COUNTRY?

DATE SIGNED

INTERVAL BETWEEN ONSET AND DEATH

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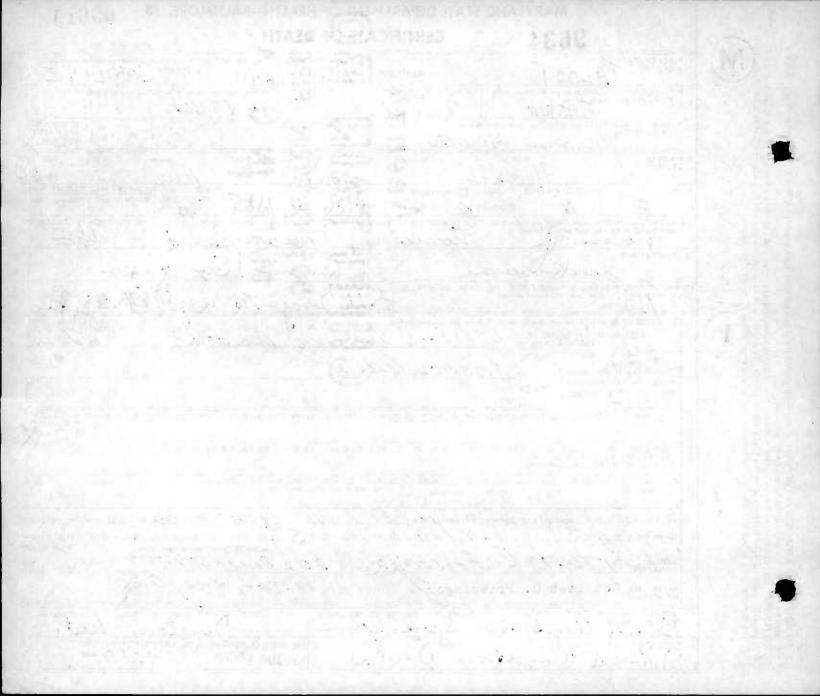
PERFORMED?

(County) (Stote)

AM, from the causes and on the date stoted obove. ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR ADDRESS 24b. REGISTRAR'S SIGNATURE DATE AUG 1 5 '60 Orthur S. Thous

VS A15 (4) 15M 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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the tur	080
and 2	Pin

1. PLACE OF DEATH

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Filled Pages death. campletely papers. hours puo pou physician Sar .⊆ remove attending please the ond þ permit. remaval, signed physician. burial-transit 5 has been cremation, attending certificate the 20 use After this detoched far

that the death certificate

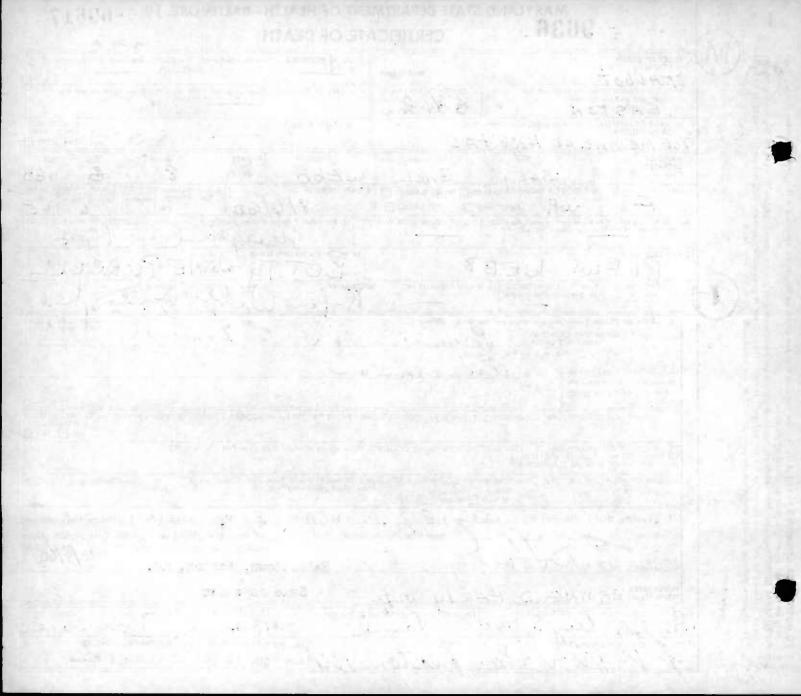
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VR A15 (4) 15M 9/59

o. COUNTY g. STATE b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) non Preston d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? OR INSTITUTION none YES NO TA NAME OF 4. DATE First Middle Manth Day Year (Type ar print) DEATH AUgust 1960 Albert 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Male White WIDOWED | DIVORCED | Feb. 46 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Trucking North Carolina USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hubert Suitt Mannie Cash 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ouise H. Preston. Suitt Maryland CAUSE OF DEATH [Enter only one couse per line for (9), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Doy. (County) foctory, street, office bldg., etc.) Hour g. m Nat while ot work at work 23 Rue, 19 60 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram_ 19 w, and that death accurred at 750, from the causer and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. 23ku M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) /26/60 Buria! Spri Mary land Easton ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE arthur S. Hrank

CATIONS DESCRIPTION AND ADMINISTRATION OF THE PROPERTY OF THE					
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH O. COUNTY TO 1/6 + MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY				
-	171201	Cia J accesso	ester			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Williamsburg	e nearest town)			
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
A	OR INSTITUTION Memorial Asspita	0 4 X - 4	YES NO			
1	3. NAME OF DECEASED Middle	Lost 4. DATE Month	Day Yeor			
	(Type or print) //ARGARET /2RADIEY	Whiteley DEATH Hugust	11 1960			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS. oys Hours Min.			
	Female White WIDOWED DIVORCED	October 1,1906 53 yrs.	dys Hours Min.			
	10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?			
	Housework Hone	Vienna, Maryland U.S	.A.			
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Webb Bradley	Ethel Bradley				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address				
1	(Yes, no. or unknown) (If yes, give war or dates of service) 213-18-5068 W	alter O. Whiteley, Williamsburg,	Maryland			
1	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN			
	PART I, DEATH WAS CAUSED BY:					
		14 LI SIMMEDIATE CAUSE (o)				
	Condition if any which) Agher Jenney	2-V diene	(3/			
	gave rise to immediate DUE TO	/ / .				
	luise some last	in tention	290.			
	, (6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY			
	CATIC		PERFORMED?			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 1B.)				
		ACE OF INJURY (Home, farm, 120f. (City ar tawn) (Co	unty) (Stote)			
	Haur a. m. While Not while fac	tory, street, office bldg., etc.)	(5.5.5)			
		16 16				
	21. I certify that (I) (this haspital) attended the deceased fram		, that (I) (we) last			
		eath occurred atti 2006 from the causes and on the	date stated abave			
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED			
		M.D. PHYS. DIRECTOR L. PHYS. L.	11 aug 40			
	22c. PHYSICIAN'S NAME HYDON	22d. ADDRESS				
	NAME TYPHURSTON HERRISON	Cluften May Cause				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O		(State)			
	REMOVAL (Specify) Burial Aug.14,1960 Washington C	emetery Hurlock, Maryland				
3	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE			
10	TT F. T. &C. Falanti	Day Is DATE SHOULD 16'60 CTUTE I	Care H			

after deoth. Page 4

may be in the hospital or attending physicion.

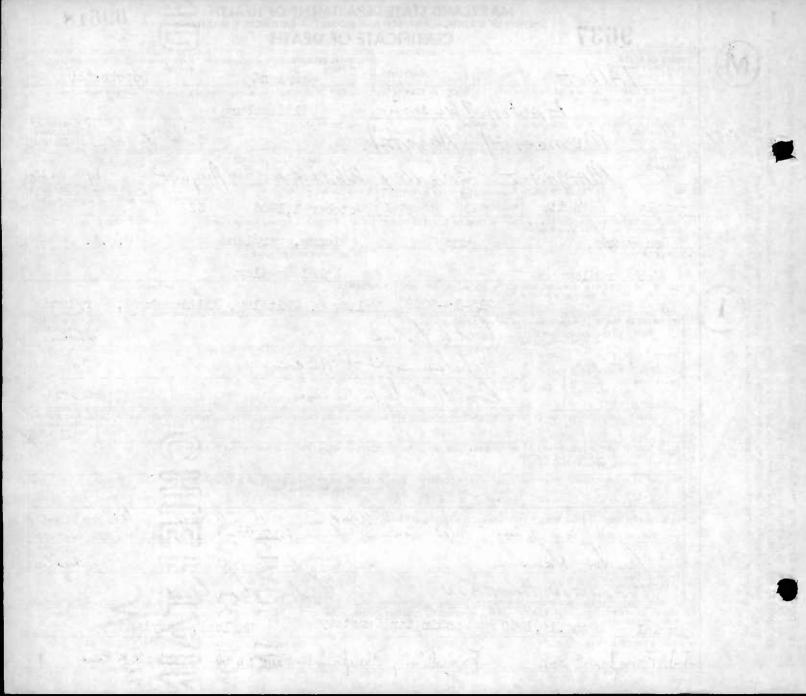
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 h page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages the State Board of Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPI

VR A15 (4) 15M 9/59



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

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OC 2 Q THE CERTIFICA	TE OF DEATH	001/		
1. PLACE OF DEATH O. COUNTY TO I BO T MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid b. COUNTY b. COUNTY	ence before admission)		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and	d give nearest tawn)		
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS 48	e. IS RESIDENC ON A FARM YES NO		
3. NAME OF DECEASED (Type or print) Dalsey Middle	Lost 4. DATE Month OF DEATH August	Day Year 2 7 19 6		
Temale 6. COLOR OR RACE 7/ MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In/years IF UND	ER 1 YEAR IF UNDER 24 H		
10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired) TACTORY	Florida	LLSA,		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME UNKOWN	15.00		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Hosp Records			
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	al by puleus in	ART 1(a) 19. WAS AUTO PERFORMED		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	YES NO		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while at wark at wark at wark	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(Caunty) (St		
21. I certify that (I) (this haspital) attended the deceased from 18 day 1966, to 27 day, 1960, that (I) (we) last saw the deceased alive on 26 day 1960, and that death accurred at A.M. from the cause and an the date stated above. 220. SIGNATURE				
11 1 Starring	M.D. ATTENDING MED. STAFF 22d. ADDRESS 22d. ADDRESS (kg. Huss. Chard	28 Reg		
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 230 LOCATION (City, town, or county	(State)		
24. FUNERAL DIRECTOR'S SIGNATURE DOUBLESS CONT	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE SEP 7 '60			

TO HOSPI VR A15 (4) 15M 9/59

F-1-1-18 9639

VR A1S (4) 1SM 9/59

,		LACE OF DEATH L. COUNTY Talkot	MARYLAND	2. USUAL RESIDENCE (Where deconstrate	ceased lived. If institution: Res	sidence before admission)
	ł	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	X - aal.	carporate limits, write RURAL o	and give nearest town)
0		d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION OR INSTITUTION OR OP 14	ddress)	d. STREET TODRESS		e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	(NAME OF DECEASED Type or print) EThe/	Middle W	lost 4. D. O. D.	EATH August	Day Year 19 60
	7	temple Col WIDOWED	DIVORCED	8. DATE OF BIRTH 4/20/90	last birthday) Mant	IDER 1 YEAR IF UNDER 24 HRS. This Days Haurs Min. CITIZEN OF WHAT COUNTRY?
	1	USUAL OCCUPATION (Give kind of wark dane 10b. K Joyring most of working life, even if retired) JOURNAL OCCUPATION (Give kind of wark dane 10b. K JOHN TO THE STATE OF T	omestic	MARY/An	d light country)	W.S. A.
	13.	Central Contract		14. MOTHER'S MAIDEN NAME	-	
I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, S. (If yes, give war or dales of service)	OCIAL SECURITY NO. 17. IN	EDRMANT Aymond Wa	lliams, EA	ston, md.
		18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).]	Lymphiles	Lenkeme	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u>		/ /		
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO		NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [2]
		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter nature af injury in Part I c	ir Part II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. While at wark	Nat while fac	ACE OF INJURY (Home, form, 20f. tary, street, affice bldg., etc.)	. (City ar tawn)	(County) (State)
		21. I certify that (I) (this haspital) attende saw the deceased alive an	,	eath accurred a lail M. f		
-		22c. PHYSICIAN'S	heder.	M.D. ATTENDING DIRECTO	STAFF PHYS.	22b. DATE SIGNED
		NAME (Type) L. J. E.C.	LSEDE	R Pasta	is my	
	1	BURIAL, CREMATION, 23b. PATE THEREOF	23c. NAME OF CEMETERY O	bong Com &	LOCATION (City, town, or country)	2, md:
	24.	FUNERAL DIRECTOR'S SIGNATURE	O POPRESS TO	250. REC'D BY R		211

the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9640 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

113631

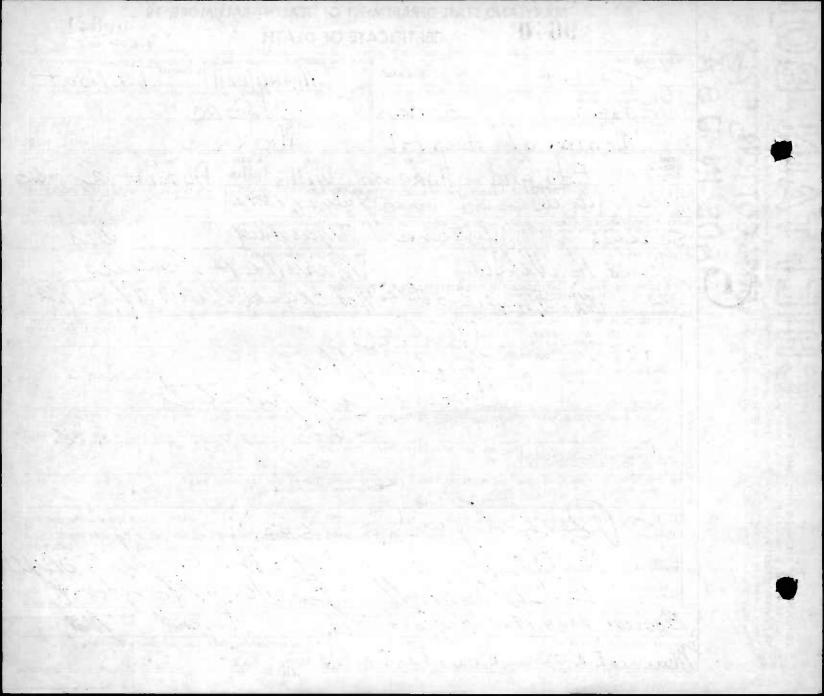
Reg. Dist. No.

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		TA 160+ MARYLAND	a. STATE MARULAND b. COUNTY 12/hot
	t	c. LENGTH OF STAY IN 1b RURAL and give negrest town)	c. CITY OR TOWN (If ou side corporate limits, write RURAL and give nearest town)
10		FASTON 52 CAYS	X Oxtord
C	(B. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		Mcmorial Hospital	MORKIS YES NO BL
7		NAME OF DECEASED First Middle .	Last, 1 A. DATE Manth Day Year
	-	Type or print) FOUDARD HARRISO	
	5.5	6. COLOR OR LACE 7. MARRIED NEVER MARRIED	8 BATE OF BIRTH July 29, 1897 9. AGE (In Sodrs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRIES OF INDUST	
ij	0	salesmay serences	Maryana U.S.
1	13.	James H. Willis	Marietta H. Parsoula
	Van	WAS DECEASED EVER IN U. S. ARMED ERRCES? 16, SOCIAL SECURITY (SOCIAL SECUR	Mes. Edward Weller Offord Med.
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO	
		Conditions if pay which	elhori
		gove rise to immediate	DI TA
		couse (a), stoting the under. Tying couse lost.	-a of porlate
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO PHETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
2			YES NO
1	CERTIFI	20s. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)
	ICAL	f=-	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
	MEDI	Haur a. m. While Nat while of work of work	ctary, street, affice bldg., etc.)
		21. I certify that I attended the deceased from	, 19, ta, 19,that I last saw the deceased
	0	alive an 19 7, and that death	accurred at 35 AM, from the causes and an the date stated above.
		8520001	ADDRESS (Street, city or town, state) DATE SIGNED,
1		ACTUAL SIGNATURE CULTURE	M.D. 2195 WESTONING/00 Y 3HGA
		PHYSICIAN'S E-C++ Strongt	Exstory Maryland
	220	RESTRAL, CREMATION, 22b. DATE THEREOF 22c. SHAME OF CEMETER OF CONTROL OF CEMETER OF CONTROL OF CEMETER OF CONTROL OF CEMETER OF CEM	R GREMATORY 22d. LOCATION (\$1) (tawn/for county) (Syste)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	1	Maurice E. Neeman i. So. Kay to	M. MO DATE OF SCO.

after death. Page 4 in by the funeral director, and 2 shauld be filed with

TO HOSPIX OR ATTENDING PHYSICIAN: The law requires that the aeain certinicale by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 shauld be detached far use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and the registrar priar to burial, crematian, or remayal, and in any event within 77 mours after death. VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

